



**Florence Savings Bank**

## Change of Address

Type of address change  Residential  Mailing  Business  Seasonal

All changes of address require the signature of the customer before bank records are updated. In order to prevent identity theft, Florence Savings Bank requests each customer to complete and sign a form.

**PLEASE PRINT**

Name/Business		SSN/EIN
E-mail Address		Date of Birth
Home Telephone #	Cell Phone #	Work Phone #
Occupation	Employer	Identification Exp. Date

**New Residential Address REQUIRED**

Street

Apt #

City, State, Zip

**New Mailing Address, if different from Residential Address**

Street

City, State, Zip

Will you be using this address for all your accounts?  Yes  No

If no, please explain

Seasonal Address, please indicate the start date, end date **AND** if it repeats annually.

Recurring **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Please list your children UNDER age 18 who are also changing address**

Name	Social Security Number	Date of Birth
Name	Social Security Number	Date of Birth
Name	Social Security Number	Date of Birth

**Do you have investments with our Financial Services Department**  Yes  No

Customer Signature:	Date:
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**For Bank Use** Taken By \_\_\_\_\_ Customer Verified By \_\_\_\_\_ Date \_\_\_\_\_

Changed By \_\_\_\_\_ Date \_\_\_\_\_