



Address Change Form

PO Box 96, Mifflintown, PA 17059 • Ph: 717-436-2144 • Fax: 717-436-9891

Please complete, sign and return this form to any of our convenient branch locations or fax to the number above for processing.

1. Name

Print Name _____

2. Address Information

Current Physical Address:

Street Address _____

City, State, Zip _____

Current Phone Number _____

Current Mailing Address: (if different than above)

Address _____

City, State, Zip _____

Effective Date: _____

New Physical Address

Street Address _____

City, State, Zip _____

New Phone Number _____

New Mailing Address

Address _____

City, State, Zip _____

Seasonal? [] End Date: _____

3. Account Information

List all account numbers effected separately below:

Please list overflow account numbers on back

Include:
Checking,
Savings,
Certificates,
Loans, Debit
Cards & Safe
Deposit Box

4. Life Event

Reason for Address Change i.e. - New Home Purchase, Relocation, Separation

5. Signature

By signing below, I am authorizing the above address change(s) to be made for the listed account numbers.

X

_____ Date

Financial Institution Use Only	Branch ID _____	Name ID: _____
	Prepared by: _____ Date: _____	Current Address ID: _____ New Address ID: _____
	Approved by: _____ Date: _____	Share Holder: Yes [] (Copy to Corporate Secretary) No [] Trust Dept. Client: Yes [] (Copy to Corporate Secretary) No [] Remove handling Code H (if applicable) Yes []