



Change of Address Request

In order to change an address for a customer, this form must be completed and verified before any changes are made to a customer file or account. Please note that for joint accounts, all signers must individually complete a Change of Address Request form to ensure proper account maintenance.

Date of Request _____

Customer Name _____

Customer SSN _____ / _____ / _____

Employee Name _____

Previous Address

New Address

Street _____

Street _____

City _____ County _____

City _____ County _____

State _____ ZIP _____

State _____ ZIP _____

Old Primary Phone (____) ____ - _____

New Primary Phone (____) ____ - _____

Old Secondary Phone (____) ____ - _____

New Secondary Phone (____) ____ - _____

THIS NEW ADDRESS IS

Permanent

Temporary or
Seasonal

Date range if change is
temporary or seasonal

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Account Numbers Affected

Checking		Loan	
Checking		Loan	
Checking		Loan	
Savings		CD	
Savings		CD	
Savings		CD	

Customer Signature _____

Please note that this signature will be verified with the signature currently on file before any changes are made.

Customer Email Address _____

Please return this form to Kentucky Farmers Bank – 6313 US Route 60 – Ashland, KY 41102