

BALLSTON SPA NATIONAL BANK - ADDRESS CHANGE REQUEST

List names of ALL customers requiring the change of address - including children

***Name(s):**

(*Date)

(*Last Four Digits EIN / SSN)

If customer uses a PO Box, list both PO Box and Physical Address

***Address:**

Telephone Number(s):

_____ Home _____ Cell _____ Work

Email Address:

Change of Address is for individual customer only

Change of Address is for a particular account only **

Change of Address is for all accounts, including custodial accounts associated with this customer

Account Type

***Account Numbers**

**List Seasonal Dates
(XX/XX/XXXX - XX/XX/XXXX)**

Checking	_____	_____
Savings	_____	_____
Holiday Club	_____	_____
Safe Dep Box	_____	_____
Loan	_____	_____
Mortgage	_____	_____
CD/IRA	_____	_____
Trust	_____	_____
Shareholder	_____	_____
Fin Svces	_____	_____

(If address change is for ALL accounts owners - ALL account owners must sign form.)

*Customer Signature:

*Branch Signature:

* Required fields - change will not be processed without required information

** If yes is circled, this will be considered an Alternate Address change.

Upon completing and signing this form, please fax (518-885-4477), drop off at any branch location, upload via a secure message using BSNB Online Banking, or mail to: BSNB, PO Box 70, Ballston Spa NY 12020