

**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