

Address Change Request

Accountholder Name: _____

Social Security Number or EIN: _____

Please list other **Family Members** affected by the Address Change

Spouse's Name: _____ SSN: _____

Child's Name: _____ SSN: _____

Child's Name: _____ SSN: _____

Old Address:

Primary Mailing Address _____

Physical Address, if different _____

City _____ State _____ Zip Code _____

New Address:

Primary Mailing Address _____

Physical Address, if different _____

City _____ State _____ Zip Code _____

Mail Care Of _____

Home Telephone: _____ **Cell Phone:** _____ **Work Telephone:** _____

Email Address: _____

Please indicate the Deposit Accounts or Loan Accounts to be changed:

Checking / Money Market

Acct#(s): _____

Savings / Christmas Club / Certificate of Deposit / IRA / Safe Deposit Box

Acct#(s): _____

Mortgage Loan / Consumer Loan / Commercial Loan / Manufactured Home Loan

Acct#(s): _____

Authorized By (Print): _____ **Date:** _____

Authorized Signature: _____

Authorization Letter Attached

Seasonal Address Change Authorization on file (Review Person Record Notes)

Enter Dates to begin and end Seasonal Mail delivery: _____ to _____

Forward Address Change Requests to:

First Shore Federal, Attn: Savings Dept.
PO Box 4248, Salisbury MD 21803-4248

Bank Use Only

Employee Signature: _____ Date: _____

Route Loan changes to Loan / Manufactured Home Dept. for approval first:

Approved By Date: _____ Initials: _____ Loan/Manufactured Route to: Savings Dept.

Route Deposit changes to Savings Dept.

Change Processed: Date: _____ **Initials:** _____ **IB Confirmation:** _____