



# Change of Address Request Form

Please complete sections 1 through 4

## 1. Customer Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Account Type(s):     Checking     Savings     Certificate of Deposit     Loan  
                           ATM/Debit Card                     Other: \_\_\_\_\_

Account Number(s): \_\_\_\_\_  
(separate account numbers with commas)

## 2. Previous Address (address currently on file)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## 3. New Mailing Address (to be updated)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

## 4. Customer Authorization

I hereby authorize Spring Valley Bank to update my address information as indicated above.  
I understand that this change will apply to all accounts listed unless otherwise specified.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\* For Bank Use Only \*\*\*\*\*

Received By: \_\_\_\_\_ Date Received : \_\_\_\_\_

Verified By: \_\_\_\_\_ Date Verified: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date Processed: \_\_\_\_\_

