

DLP Bank

Change of Address Request Form

I request that DLP Bank change the address for each of my accounts listed below: Account numbers *must* be provided.

Customer Name(s): 1 _____ 2 _____

Social Security #(s): 1 _____ 2 _____

New Customer within last 30 days? Yes: ____ No: ____
**** If YES, must have two proofs of address (utility, phone, cable, insurance bills)**

Account Number(s):

1 _____ 2 _____ 3 _____

4 _____ 5 _____ 6 _____

Online Banking/ Bill Pay? Yes: ____ No: ____

New Address(es): (Alternate Address: Start Date _____ Stop Date _____)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers

1 Home: _____ Work: _____ Cell: _____

2 Home: _____ Work: _____ Cell: _____

Email Address: _____

Effective Date of Change: _____

X _____ X _____

Signature

Signature

**** Accounts with two signatures required must have two signatures to change address ****

----- **For Bank Use Only** -----

If not signed in person signature(s) MUST be verified with the account signature cards or the customer must be called to verify.

Accepted by: _____ Date: _____ In Person ____ Mail ____ Night Drop ____

Other ____ Describe _____

File maintenance, Bankway and special instruction performed by: _____ Date: _____

Main Street check order record updated by: _____ Date: _____

Verified by: _____ Date: _____

This form must be retained for a period of not less than five years after the change of address.