## THE NEFFS NATIONAL BANK CHANGE OF ADDRESS FORM

If there is more than one person listed on your account(s), then each individual needs to fill out their own change of address form. Please consider all individuals, including minors, living in your household.

EFFECTIVE D	ATE O	F ADDRESS CHANGE:			(MM/DD	o/YYYY)	
ACCOUNT OV	VNER:						
FIRST NAME			M.I.		LAST NAME		
OLD ADDRES							
Address Lin							
City			State	Zi	p Code		
NEW ADDRES	SS:						
Street Addre	ess						
Address Lin	e 2						
City			State	Zi	p Code		
		Due to Patriot Act requir we will also	rements, if you change require your updated p			O. Box,	
NEW PHYSIC	AL AD	DRESS:					
Street Addr	ess						
City			State	Zi	p Code		
CURRENT PH	ONE I	NUMBERS:	1				
Home Phone		Work Phone					
Cell Phone		E-mail Address					
		et, CD, IRA, and loans.)	member to include all a	applicable a	ccount nu	imbers including checking,	
(Signature of Account Holder)					(Date)		

MAIL, FAX, OR DROP-OFF COMPLETED FORM TO:

The Neffs National Bank Attn: Customer Service 5629 Route 873, P. O. Box 10 Neffs, PA 18065-0010 Fax:

610-767-1890

Phone: 610-767-3875