



**Change of Address**

Address Change Type:  Physical  Mailing

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

New Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Old Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

New Telephone: \_\_\_\_\_ Old Telephone: \_\_\_\_\_

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

Please Change the address on the following accounts:

Account # \_\_\_\_\_ Account # \_\_\_\_\_

Account # \_\_\_\_\_ Account # \_\_\_\_\_

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

(Must match signature on file)

Bank Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out this form in its entirety and return the signed, original copy to:

Farmers State Bank

Attn: Customer Service Department

P.O. Box 99 Lincolnton, GA 30817

