



CHANGE OF ADDRESS FORM

**Please complete the form, sign it and return this form to your local branch.
Each signer must complete a separate form.**

Individual Name/Business Name: _____

NEW PHYSICAL ADDRESS

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Fax Number: _____

NEW MAILING ADDRESS (If different from Physical address above)

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Fax Number: _____

Is this address Seasonal: NO YES Effective dates for Seasonal address: From _____ To _____

Accounts to be Affected by New Mailing Address: _____

ANY OTHER CHANGES / COMMENTS:

Signature: _____

Date: _____

To be completed by Devon Bank personnel:

RIM# _____

New Relationship (90 days of opening new account): NO YES **If YES, proof of address must be attached**

Acknowledge that ID/Signature verification was completed

Processed by: _____

Date Processed: _____