

ACCOUNT CHANGE OF ADDRESS FORM

Account Name

United Valley Bank

We want to make your move easier. When you know your new address complete this form, tell us the effective date of change of address, and mail or deliver this form to the address listed above.

We will update our records so that your statements are sent to your new location after your move. Our customer service staff will be happy to help you if you need to order checks with your new address.

NEW ADDRESS

EFFECTIVE DATE: _____ SSN: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

PHYSICAL ADDRESS (if different)

Address: _____

City: _____ State: _____ ZIP: _____

E-mail Address: _____

AUTHORIZED SIGNATURE

DATE

BANK USE:

Attach Port Print Out Both Before And After Change

	Date Changed / By
Port #: _____	_____ / _____
Bill Pay	_____ / _____
ATM / Debit Card	_____ / _____
IRA / HSA	_____ / _____