



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

Member
FDIC

