

**FIRST NATIONAL BANK**

*Of Mifflintown*

**ADDRESS CHANGE FORM**

**By signing below, I am authorizing the following address changes to be made for the listed account numbers:**

Name(s) \_\_\_\_\_  
 All Accounts                      OR                      \_\_\_\_\_  
Account numbers if NOT all

Share Holder:                      Yes     (Copy to Corporate Secretary)    No      
Trust Department Client:    Yes     (Copy to Trust Department)    No   

**Old Address**

**New Address**

Street \_\_\_\_\_

Street \_\_\_\_\_

City/Town \_\_\_\_\_

City/Town \_\_\_\_\_

State                      Zip \_\_\_\_\_

State                      Zip \_\_\_\_\_

Old Phone Number \_\_\_\_\_

New Phone Number \_\_\_\_\_

**Old Mailing Address (if different than above)**

**New Mailing Address (if different than above)**

Street/PO Box \_\_\_\_\_

Street/PO Box \_\_\_\_\_

City/Town \_\_\_\_\_

City/Town \_\_\_\_\_

State                      Zip \_\_\_\_\_

State                      Zip \_\_\_\_\_

**REASON FOR ADDRESS CHANGE:**

\_\_\_\_\_

\_\_\_\_\_ Signature

\_\_\_\_\_ Date Change to be effective

Please remove handling Code of    H    (if applicable)

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Port                      Branch                      Initials                      Resp. Code