



CHANGE OF ADDRESS FORM

To ensure the security of your personal information, your signature is required to change your address. **Please complete a separate form for each customer at this address.** Simply print, complete and drop off the Change of Address Form at your local Farmers Bank branch or mail it to us at:

The Farmers Bank
Attn: Address Change
P.O. Box 129
Frankfort, IN 46041-0129

You may also fax this completed form to us at (765) 654-8738.

Customer Information:

First name: _____ Middle name: _____
Last name: _____
Account Number: _____ Port Number: _____
Effective Date of Address Change: / / Immediately:

Current Address:

Street: _____
City: _____
Zip Code: _____

New Address:

Street: _____
City: _____
Zip Code: _____

Contact Information:

Home phone number: () _____
Work phone number: () _____
Email address: _____

Signature: _____ **Date:** / /

Internal Use Only

Has Navigator been updated Y or N? _____ Employee Signature: _____