Bank *of* Franklin

CHANGE OF ADDRESS FORM

CUSTOMER NAME(S) _____

_____

_____

FORMER ADDRESS	CURRENT ADDRESS
PHYSICAL ADDRESS:	**PHYSICAL ADDRESS:**
_____	_____
_____	_____
MAILING ADDRESS:	**MAILING ADDRESS:**
_____	_____
_____	_____
CITY/STATE _____	**CITY/STATE** _____
ZIP: _____	**ZIP:** _____

Please note: (1) A street address is required even if the former address is to be changed to a post office box or "Hold Mail." (2) Only the address of the customer who signs this form will be changed. All other joint account holders' addresses will remain the same. (3) The address associated with all accounts held by the signatory will be changed unless the change should be limited only to the account number(s) listed below.

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____	_____	_____
(DATE)	**(CUSTOMER SIGNATURE)**	**(PRINTED NAME)**
_____	_____	_____
(DATE)	**(CUSTOMER SIGNATURE)**	**(PRINTED NAME)**
_____	_____	_____
(DATE)	**(CUSTOMER SIGNATURE)**	**(PRINTED NAME)**