



Please complete this form and return to your nearest Sterling Bank Location.

Locations and Hours Available at: www.sterbank.com

Change of Address

Effective Date of Change: _____

Name: _____ SSN: _____

Name: _____ SSN: _____

Old Physical Address:

Old Mailing Address:

Address: _____

Address: _____

City, State & Zip: _____

City, State & Zip: _____

New Physical Address:

New Mailing Address:

Address: _____

Address: _____

City, State & Zip: _____

City, State & Zip: _____

Email: _____

Email: _____

Home Phone: _____

Home Phone: _____

Mobile Phone: _____

Mobile Phone: _____

Work Phone: _____

Work Phone: _____

Is this change for EVERYONE and EVERY account in the household? _____ Yes _____ No

If the change is for SPECIFIC accounts, please list:

Checking

Acct. Number: _____ Acct. Number: _____

Savings

Acct. Number: _____ Acct. Number: _____

Time Deposit

Acct. Number: _____ Acct. Number: _____

Loan

Acct. Number: _____ Acct. Number: _____

Other

Acct. Number: _____ Acct. Number: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

For Office Use Only

Received Date: _____ Received By: _____
Processed Date: _____ Processed By: _____
Verified Date: _____ Verified By: _____