



## Address Maintenance Form

Send completed form to:  
PO Box 583 Monroe, GA 30655 | Fax Number: 770-234-5905 | dealerselect@myaffinitybank.com

Customer Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

New Address: \_\_\_\_\_

Information verified (must verify at least 4):

<input type="checkbox"/>	Name	<input type="checkbox"/>	Address
<input type="checkbox"/>	SSN	<input type="checkbox"/>	Account Number
<input type="checkbox"/>	Make & Model of Vehicle	<input type="checkbox"/>	Last 4 of VIN

Signature: \_\_\_\_\_

### FOR INTERNAL USE ONLY

Request Received By:	
Date :	
Time:	
Phone number:	