Customer Address Change

Deep Roots. Deeper Commitment.

Please fill in the change of address information below. When completed, print and sign the form and either mail it to Astra Bank or bring it by one of our locations. A signature is required on the form before the change of address will be processed.

Date: _____

Full Name: _____

Social Security Number: _____

Birth Date: _____

New Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail:_____

Change the following:

□ Checking #_____ #_____ #_____

□ Savings #_____ #_____ #_____

□ Loan #_____ #_____ #_____

□ CD / IRA's #_____ #_____ #_____

□ Safe Deposit Box #_____

□ Online Bill Pay Address

Comments:

_____

_____

Customer Signature: _____

Astra Bank: _____ Date: _____

Member FDIC Equal Housing Lender