



ADDRESS CHANGE REQUEST FORM

Complete this form in order to have the mailing address changed for your loan and return the completed signed copy to Loan Servicing at the following options:

Mail:

NASB
Attn: Loan Servicing
12520 S 71 Hwy
Grandview, MO 64030

Fax:

(816) 316-4508
Attn: Loan Servicing

Email:

Servicing@nasb.com

Loan Number: _____

New Street Address: _____

City: _____ State: _____ Zip: _____

Authorization: If there is more than one borrower on the loan, then at least two borrowers must sign this form to authorize this mailing address change. Select if the address change applies to every borrower on the loan.

Borrower Name: _____

Signature: _____

Last four digits of your Social Security Number: _____

Phone Numbers:

*Home/Cell _____

*Work _____

**Email _____

Co-Borrower Name: _____

Signature: _____

Last four digits of your Social Security Number: _____

Phone Numbers:

*Home/Cell _____

*Work _____

**Email _____

*Please be advised, when you provide your telephone contact information, including cell phone numbers, NASB will interpret that as granting express consent to contact you at this number regarding this loan. If you do not wish to be contacted at a certain number, please contact NASB to withdraw the consent.

**By providing your email address to NASB, you express consent to receive emails from NASB. NASB may use email to communicate with you, to send information that you have requested or to send information about other products or service developed or provided by NASB. NASB will not give your email address to another party to promote their products or services directly to you.