

Address Change Form
University of Delaware



Required Information:

Name: _____

Current Address: _____

Daytime Phone: () _____

Email Address: _____

WSFS Account(s): _____

List all WSFS Account #'s requiring maintenance (as detailed below)

Change Address For Above Mentioned Accounts:

Street Address _____

City, State Zip _____

Daytime Phone _____

Evening Phone _____

WSFS recommends using your permanent, primary residence address for the mailing of statements and other sensitive financial information.

Signature _____ Date _____

**Please submit request via WSFS Drop Box in the Trabant University Center
Or Mail to: WSFS Bank, Attn: Customer Service, P.O. Box 1889, Wilmington, DE 19899**

*You will receive email and other appropriate notification upon receipt of request. If you do not receive this correspondence, please contact Customer Service at (302) 792-6000 or 1-888-WSFSBANK.

| | | |
|--------------------------|--------------------|-------------|
| FOR BANK USE ONLY | Received by: _____ | Date: _____ |
|--------------------------|--------------------|-------------|