

Change of Address Request

Full Name _____

Social Security Number or EIN _____

Phone Number _____

My CURRENT payment address in your system is:

Address

PO Box, Apt No., Suite No.

City

State

Zip Code

My NEW payment address is:

Address

PO Box, Apt No., Suite No.

City

State

Zip Code

Please update my address information per the information above. I certify that the foregoing information is true, correct and accurate to the best of my knowledge.

Print Name

Signature

Date

Mail to:

Vendor Table Section

General Accounting Division

P.O. Box 746

Annapolis, MD 21404-0746