

**CITY OF TERRELL
VENDOR CHANGE OF ADDRESS NOTICE**

DATE: _____

TO: FINANCE DEPARTMENT

FROM: _____

OLD ADDRESS

Vendor: _____ ID No. _____

Address: _____

City / State _____ Zip Code _____

Payment Address _____

Attention: _____

City / State _____ Zip Code _____

NEW ADDRESS

Vendor: _____ ID No. _____

Address: _____

City / State _____ Zip Code _____

Payment Address _____

Attention: _____

City / State _____ Zip Code _____

Processed By _____ Date _____

Reviewed By _____ Date _____