

SAMFORD UNIVERSITY

ACCOUNTING AND FINANCIAL SERVICES CHANGE OF ADDRESS FORM

Full Legal Name: _____ Date: _____

Samford Id or Social Security Number: _____

Select Address to be changed: Remit to (AP)
 Order From (OF)

***Please complete only the items you wish to change
We request faculty, staff, and students provide a current campus address***

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Return this form to Accounting and Financial Services:

Campus Mail: Room 105 Samford Hall
E-mail: invoices@samford.edu
Mail: Samford University
Accounting and Financial Services
800 Lakeshore Drive
Birmingham, AL 35229