



A. B. WATLEY, INC.

**CHANGE OF ADDRESS**

**Please fax this form to:**  
**Client Services**  
**Fax 212-422-1622**

**Or mail it to:**  
**A.B.Watley, Inc.**  
**Attn:Client Services**  
**40 Wall Street**  
**New York, NY 10005-1302**

**Account Information**

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Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**New Address**

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\_\_\_\_\_  
New Street Address

\_\_\_\_\_  
City State Zip

( ) ( )  
Daytime Phone Evening Phone

\_\_\_\_\_  
E-mail Address

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_