



NOTIFICATION OF ADDRESS CHANGE

Account Type(s): [ ] Checking [ ] Savings [ ] Debit Card [ ] Credit Card [ ] Online Banking [ ] Loan: # [ ] Other-Describe:

Please send mail to new address beginning: Primary (Port) Address Change [ ] Y [ ] N Mailing Purposes Only [ ] Y [ ] N

Special Instructions:

Is this a seasonal address? [ ] Y [ ] N If YES, Dates: From To: Remove a seasonal address? [ ] Y [ ] N

Is this a Multiple Mailer Address? [ ] Y [ ] N Account Number for Multiple Mailer:

To ensure accuracy, please print neatly using uppercase letters and numbers only

NEW

Principal Signers:

All other names moving: (If None, Please Indicate "None")

Street\*:

Town: State: Zip

\* If PO Box Please List Physical Address:

Primary Phone: Work Phone: Cell Phone 1: Cell Phone 2:

OLD

Street:

Town: State: Zip

Phone: Work Phone: Cell Phone 1: Cell Phone 2:

Email Address: Name: Change Y N

Email Address: Name: Change Y N

ORIGINAL SIGNATURE

REQUIRED TO AUTHORIZE CHANGES Date

Please return this form to your local branch or mail to Bank of Canton PO Box 282 Canton MA 02021. Thank you.

FOR BANK USE ONLY : Send copy of original Change of Address Form to the CIC for processing. Original to be filed in Customer file within Branch of account.

Form section containing fields for Port Number, Card Number, Change Notification Received, Identification, and signature verification details.