

Name: _____ Date: _____

Identification Type, Number & Expiration: _____

What type of address change are you requesting?

- ☐ 1. I want all of my bank records to reflect a new primary address for me individually.
- ☐ 2. I want all of my bank records to reflect a new primary address for me individually AND for members of my household. List household members whose address should also be changed by this request.

- ☐ 3. I want my account correspondence to be delivered to an alternate address
- ☐ 4. I want my account correspondence to be delivered to me and to someone else
- ☐ 5. I want my account correspondence to be delivered to me at another address seasonally
FROM: _____ TO: _____
- ☐ 6. I want to change the address on my personal account(s) but NOT my business account(s)
- ☐ 7. I want to change the address on my business account(s) but NOT my personal account(s)
Name of Business: _____

What type of products and/or services do you have with us?

- | | | | |
|-------------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Checking | <input type="checkbox"/> Savings | <input type="checkbox"/> CD | <input type="checkbox"/> Loan |
| <input type="checkbox"/> Debit Card | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Online Banking | <input type="checkbox"/> Safe Deposit Box |

If numbers 3-7 above are checked, please list all of the account numbers that should be affected by the requested change. You may use a separate sheet if necessary.

Tell us about your address change request.

What date should the change take affect? ☐ Immediately ☐ Future Date _____

CURRENT ADDRESS	NEW ADDRESS (based upon 1-6 above)
Street:	Street*:
Apartment:	Apartment:
City:	City:
State:	State:
Zip +4:	Zip +4:
Address ID:	Address ID:
*NOTE: If using a PO Box, please provide a physical address here:	

Please confirm your other contact information.

Primary Phone: _____ Cell Phone: _____
Email Address: _____

ATTENTION: In order to affect this change, you must sign below

You may present this form in-person at one of our branch locations. There you will be asked to provide one form of picture identification. You may mail this form to **Bank of Canton, PO Box 282 Canton, MA 02021-0282**. Upon our receipt you will be contacted by a bank employee to confirm this request.

Signature: _____

Logged in User: _____

CIF Change of Address Form

Rev 12/2021

FOR BANK USE ONLY

Fax the completed COA form and USPS printout to the CIC at (781) 830-6495 or
email to: callcenter@thebankofcanton.com

Original to be filed in customer file within branch of account

Electronic document naming convention is: COA-LastName, First Name (i.e. COA-Jones, Jane.pdf)

Received: ☐ In-Person ☐ By-Mail

Method of Authentication: _____

Name ID(s) Affected: _____

Port Number(s) Affected: _____

Old Address ID(s)	_____	Delete? <input type="checkbox"/> Y <input type="checkbox"/> N
	_____	Delete? <input type="checkbox"/> Y <input type="checkbox"/> N
	_____	Delete? <input type="checkbox"/> Y <input type="checkbox"/> N
	_____	Delete? <input type="checkbox"/> Y <input type="checkbox"/> N

I CONFIRM THAT I HAVE:

- ☐ Reviewed the CIF Database for name lines and portfolio numbers affected
- ☐ Removed teller alerts or miscellaneous alerts related to address
- ☐ Reviewed accounts for active status
- ☐ Attached USPS address inquiry

Change Request Accepted and Verified by: _____ Date: _____

Change Processed by: _____ Date: _____

New Address ID: _____