

## CIF Change of Address Form

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: 10. I want to change the address on my personal account(s) but NOT my business account(s) 17. I want to change the address on my pusiness account(s) but NOT my personal account(s) 18. Name of Business: 18. I want to change the address on my pusiness account(s) but NOT my personal account(s) 19. Name of Business: 19. Checking 10. Savings 10. Credit Card 10. Online Banking 10. Savings 10. Credit Card 10. Online Banking 10. Savings 10. Savi	ame:		Date:				
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Name of Business:	$\Box$ 6. I want to change $\dagger$	the address on my <i>pers</i>	<u>s<b>onal</b></u> account(s) but NOT r	ny business account(s)			
Checking				ny personal account(s)			
Checking	What type of products a	nd/or services do you	have with us?				
f numbers 3-7 above are checked, please list all of the account numbers that should be affected by the equested change. You may use a separate sheet if necessary.    Cell us about your address change request.	• • •	•	_	☐ Loan			
inumbers 3-7 above are checked, please list all of the account numbers that should be affected by the equested change. You may use a separate sheet if necessary.    Sell us about your address change request.   Immediately	☐ Debit Card	☐ Credit Card	☐ Online Banking	☐ Safe Deposit Box			
CURRENT ADDRESS  Street:  Apartment:  Apartment:  City:  State:  Zip +4:  Address ID:  *NOTE: If using a PO Box, please provide a physical address here:  Please confirm your other contact information.  Primary Phone:  Email Address:  ATTENTION: In order to affect this change, you must sign below ou may present this form in-person at one of our branch locations. There you will be asked to provide one form of picture identification 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 imployee to confirm this request.	•	• •	☐ Immediately	☐ Future Date			
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Signature:	ou may mail this form to <b>Ban</b>	person at one of our branch lk of Canton, PO Box 282 Ca	locations. There you will be asked	ed to provide one form of picture identificat			
	Signature:						
Logged in User: Page 1 of 2	Langed in User.			Page <b>1</b> of <b>2</b>			

Page **1** of **2** 



## 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? ☐ Y ☐ N	
I CONFIRM THAT I HAVE:			
☐ Reviewed t	he CIF Database f	or name lines and portfolio numbers	affected
☐ Removed to	eller alerts or mis	cellaneous alerts related to address	
☐ Reviewed a	ccounts for active	e status	
☐ Attached U	SPS address inqui	ry	
Change Request <u>Accepted</u> a	nd <u><i>Verified</i></u> by:		Date:
Change Processed by:	-		Date:
New Address ID:	-		