



Change of Address Request

REGULATIONS REQUIRE YOU TO COMPLETE AND SIGN THIS FORM BEFORE ANY REQUESTED CHANGES CAN BE MADE TO YOUR MORTGAGE LOAN(S) AND/OR CHECKING AND SAVINGS ACCOUNTS.

PROFILE NAMES _____

CUSTOMER LEVEL <i>(All Accounts Tax Reporting Owners)</i>	ACCOUNT LEVEL ONLY <i>List Account Numbers that this change will affect</i>

CURRENT ADDRESS	NEW ADDRESS
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

ALTERNATE ADDRESS	
Street Address _____	City _____ State _____ Zip _____

NEW PHONE NUMBERS: Contact Preference	NEW E-MAIL ADDRESS
Home/Cell _____	_____
Home/Cell _____	_____
Additional _____ Type _____	_____

ADDRESS TYPE	
<input type="checkbox"/> Primary (Physical)	<input type="checkbox"/> Alternate (P.O. Box)
<input type="checkbox"/> Seasonal	<input type="checkbox"/> Future
Start Date _____	End Date _____
Recurring? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>Per Patriot Act: PO Box must be listed as Alternate. Confirm Primary address is current Physical address.</small>	

SPECIAL PURPOSE – Check the one you are changing	
<input type="checkbox"/> 1099/1098	<input type="checkbox"/> Statements
<input type="checkbox"/> Checks	
<input type="checkbox"/> Check if you have a Safe Deposit Box Currently enrolled in: <input type="checkbox"/> Bill Pay <input type="checkbox"/> e-Statements <input type="checkbox"/> Retail Online	

Signature of Account Holder _____	Date _____
Signature of Account Holder _____	Date _____

Scan completed form to: Change of Address folder on your scanner	
Print Name of Branch Employee Making the Change _____	Branch # _____ Date (Received) _____
TYPE OF ID _____	Dept # _____ Date (Changed) _____
VERIFIED _____ ID # _____	<input type="checkbox"/> Scan Driver's License within CT New Accounts

