



Bristol County Savings Bank

Change of Account Name / Address

Date: _____

Printed Name: _____

Primary Account Number: _____

Check All That Apply:

<input type="checkbox"/> Name Change	Previous	New

<input type="checkbox"/> Phone Number Change	Previous	New
	Home	
	Work	
	Cell	

<input type="checkbox"/> Residential Address Change	Previous Residential Address	New Residential Address
	Address	
	City, State, & Zip	

<input type="checkbox"/> Mailing Address Change	Previous Mailing Address	New Mailing Address
	<input type="checkbox"/> Check if same as above	<input type="checkbox"/> Check if same as above
	Address	

Change mailing address on all accounts on which the customer is an owner of including Debit/ATM cards if applicable.

Change mailing address on all accounts on which the customer is the primary owner of including Debit/ATM cards if applicable.

Change mailing address on the accounts specified below:
 Checking Account(s) _____
 Savings Account(s) _____
 Debit/AMT Card(s) _____
 Loan(s)* _____

Customer Signature

Bank Use Only:

Request Received By: _____ Initials: _____ Date: _____

Processed By: _____ Initials: _____ Date: _____

Verified By: _____ Initials: _____ Date: _____

If applicable, remove returned mail status and stop suppressing statements (STATUS = remove V, NAMAIL = reset)