



Change of Address Form

(Remember to list **ALL** accounts including Closed Accounts)

By Federal mandate, a confirmation letter will be sent to your old address. For SSN/TIN #(s) and account #(s), please list last 4 digits only.

NAME: _____ SSN/TIN #: _____

NAME: _____ SSN/TIN #: _____

CONTACT INFORMATION (If DIFFERENT From Bank Records)

Telephone: Home: _____ Work: _____ Cell: _____

Email: _____ Seasonal Telephone (If Applicable): _____

List ALL accounts for which address should be changed. The address will only be changed for those accounts listed below:

Checking Account #(s) _____

Savings Account #(s) _____

Loan Account #(s) _____

Certificate(s) of Deposit #(s) _____

ATM/Debit Card #(s) _____ Safe Deposit Box # _____

OLD ADDRESS

Address: _____ City, State, Zip: _____

NEW STREET/PHYSICAL ADDRESS

Address: _____ City, State, Zip: _____

MAILING ADDRESS (If DIFFERENT From New Street/Physical Address):

Address: _____ City, State, Zip: _____

IF SEASONAL MAILING ADDRESS: Effective Dates: From: _____ To: _____

Please note that only an authorized signer of the account(s) listed may change an address.

If you are not an authorized signer, this form will not be processed.

Authorized Signature #1: _____ Date: _____

Authorized Signature #2: _____ Date: _____

Internal Bank Use Only (Please Print)		
Rcv'd/Taken by: _____	Date: _____	Branch #: _____
Signatures verified by: _____		Old Address Verified By: _____
Notification Letter Sent: _____	By: _____	<input type="checkbox"/> Attached Copy
Already set up as seasonal address? Y / N <input type="checkbox"/>	Port #(s): _____	
Comments: _____		

Mail Updates to: The Cooperative Bank of Cape Cod
25 Benjamin Franklin Way
Hyannis, MA 02601