



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): _____

ACCOUNT(S) IN WHICH ADDRESS SHOULD BECHANGED:

- Check this box to authorize the new physical and/or mailing address below to be changed on **ALL ACCOUNTS** in which the SSN/TIN(s) listed above are an account owner. (**For businesses changing Physical Address, obtain a new Beneficial Ownership Form**).
- If you do not authorize the physical and/or mailing address on all accounts owned by the SSN/TIN(s) listed above, the address will only be changed on accounts listed below:

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: _____	Port #(s): _____	

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