

CUSTOMER CHANGE OF ADDRESS FORM

To ensure the security of your personal information, your signature is required to change your address.
(A signature is required for each customer at this address.) Simply print this form, fill it in, sign and date it, and drop it off at your local Salisbury Bank and Trust Company branch or mail it to:

**Salisbury Bank
 Deposit Operations
 PO Box 1868
 Lakeville, CT 06039**

Questions? Call 860-435-9801

Or fax this completed form to: 860-435-5606

CUSTOMER INFORMATION

First Name _____ Middle Name _____ Last Name _____
 SSN / TIN#: _____ Effective Date of Address Change: ____ / ____ / ____
MM DD YY
 Seasonal Address No Yes, If Yes: Start Date ____ / ____ / ____ End Date ____ / ____ / ____

CHANGE OF ADDRESS

Current Physical Address

Address _____
 Address _____
 City/State/Zip _____
 Home Phone _____
 Work Phone _____
 Email _____

New Physical Address (Required)

Address _____
 Address _____
 City/State/Zip _____
 Home Phone _____
 Work Phone _____
 Email _____

Current Mailing Address

Address _____
 Address _____
 City/State/Zip _____

New Mailing Address (Required)

Address _____
 Address _____
 City/State/Zip _____

CHANGE ADDRESSES ON THE FOLLOWING RELATIONSHIP(S) WITH THE BANK

Please indicate by check mark.

- | | |
|--|---|
| <input type="checkbox"/> All Deposit Accounts (checking, savings, CDs, MM, etc.)
<input type="checkbox"/> All Loan Accounts (installment, mortgage, line of credit) | <input type="checkbox"/> All Trust Accounts (custody, investment, etc.)
<input type="checkbox"/> All Other _____ |
|--|---|

Signature _____ **Date** _____

Please change the address for the additional family member(s) - Parent to sign as guardian for minor children:

Name _____	Relationship _____	Signature _____
Name _____	Relationship _____	Signature _____
Name _____	Relationship _____	Signature _____
Name _____	Relationship _____	Signature _____

For Bank Use Only

Deposit Ops Entered by: _____ Date _____	Loan Servicing: _____ Date _____
Deposit Ops Verified by: _____ Date _____	Trust: _____ Date _____