

Framingham Co-operative Bank

Change of Address

Customer's Name(s) OR Account Title (for business accounts)

Social Security Number OR Taxpayer Identification Number

Existing Address

Residence Mailing Seasonal

<i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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New Address

Residence Mailing Seasonal*

<i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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<i>Home Telephone #</i>	<i>Cell Phone #</i>	<i>E-mail Address</i>
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ALL Accounts

The following accounts:

(select one from above)

Customer's Signature

Customer's Signature

Either customer may sign for joint accounts. Changes on Individual accounts must be authorized by the signer.

*Seasonal from:		TO	
*Seasonal Re-occurring from:		TO	

Is this change for a beneficiary? Yes No
 Do you have a loan with us? Yes No
 Do you have online banking? Yes No
 Do you receive "eStatements"? Yes No

Notes:

<i>FCB Employee Name</i>	<i>FCB Employee Initials</i>	<i>Date</i>
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<i>Alternate Verification</i>	<i>Officer's Name</i>	<i>Officer's Initials</i>
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