

# WINCHESTER SAVINGS BANK

## NOTICE OF CHANGE OF ADDRESS

When you know your new address, please complete this Change of Address Form and return this form to us. We will update our records so that your statements and other correspondence are sent to your new location after the move. Our staff will be happy to assist you in completing this form, ordering checks with your new address, or with any questions you may have.

**EFFECTIVE DATE OF CHANGE:** \_\_\_\_\_

**Comments:**

**LIST ALL PERSONS MOVING:**

Bank Use Only	NAME	SOCIAL SECURITY #	SIGNATURE
#			
#			
#			

**LIST NAMES OF CHILDREN MOVING, IF ANY:**

#			
#			

**PREVIOUS ADDRESS:**

<b>CITY:</b>
<b>STATE:</b>
<b>ZIP:</b>

**OLD TELEPHONE #:**

Home
Cell
Business
Vacation
Other _____

**NEW ADDRESS:**

<b>CITY:</b>
<b>STATE:</b>
<b>ZIP:</b>

**NEW TELEPHONE #:**

Home
Cell
Business
Vacation
Other _____

**ADDRESS TYPE (CHECK ONE):**

**PRIMARY**

**SEASONAL**

**ALTERNATE**

**INTEREST CHECK**

**TAX REPORTING**

SEASONAL START DATE: \_\_\_\_\_

SEASONAL STOP DATE: \_\_\_\_\_

REOCCURRING SEASONAL?    **YES**    **NO**

**ACCOUNT TYPE:**

**ACCOUNT #:**

**DEPOSIT**

**LOAN**

**SAFE DEPOSIT**

<b>BANK USE ONLY</b>	Date: Accepted By: _____	Date: Signatures Verified By: _____	Date: Change Entered By: _____	<b>VERIFIER USE ONLY</b> <input type="checkbox"/> ATM/DEBIT <input type="checkbox"/> LOAN/MORTGAGE <input type="checkbox"/> INTERNET BANKING <input type="checkbox"/> IRA
----------------------	-----------------------------	--	-----------------------------------	---

NOTES: