Florence Savings Bank
85 Main Street, Florence MA 01062

Change of Address by Mail

Change of Address ☐ Residential ☐ Mailing ☐ Business ☐ Seasonal

In order to prevent identity theft, Florence Savings Bank requests each customer to complete and sign this form.

Customer Legal Name _____

Social Security Number _____

Birth Date _____

Occupation _____ **Employer** _____

☐ **Do you have investments with our Financial Services Department?**

New Residential Address (required)

Street _____

Town, State, Zip Code _____

New Mailing Address (if different from residential)

Street _____

Town, State, Zip Code _____

Will you be using this address for all your accounts? ☐ **Yes** ☐ **No**
If no, please explain: _____

If this is a Seasonal address, please indicate the start date, end date and if it is recurring:
☐ Recurring Start Date Month Day Year End Date Month Day Year

Other Contact Information

Home Phone: _____

Work Phone: _____

Cell/Other: _____

E-mail Address(es): _____

Please list your children UNDER age 18 who are also changing address:

Name:

Social Security Number:

Birth Date:

Name:

Social Security Number:

Birth Date:

_____ _____
Customer Signature **Date**

Note: All changes of address require the signature of the customer before bank records will be updated.

For Bank Use Only

Taken By: _____ Customer Verified by: _____ Date: _____
Changed By: _____ Date: _____

☐ Sweep Account – Send copy to Financial Control

Rev. 7/11/2008
Deposit Operations