

5 Bissell Street, PO Box 1868, Lakeville, CT 06039-1868 • 860.435.9801 • salisburybank.com

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 complete this form, print, sign and date it, and drop it off at your local Salisbury Bank and Trust Company branch or mail it to:

**Salisbury Bank
Customer Support
PO Box 757
Canaan, CT 06018-0757**

Questions? Call 860.435.9801

Or fax this completed form to: 860.824.3076

Customer Information

First Name _____ Middle Name _____ Last Name _____

Effective Date of Address Change: ____/____/____ Social Security # _____

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 _____

Current Mailing Address

Address _____

Address _____

City/State/Zip _____

New Physical Address (Required)

Address _____

Address _____

City/State/Zip _____

Home Phone _____

Work Phone _____

Email _____

New Mailing Address (Required)

Address _____

Address _____

City/State/Zip _____

Change Addresses on the Following Relationship(s) with the Bank.

Please indicate by check mark.

All Accounts

Shareholder

Other – List specific accounts to be changed: _____

X _____

(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

Entered by: _____ Date _____

Verified by: _____ Date _____