



Customer Information

Name: _____ SSN/TIN: _____

Home Phone _____ Business Phone _____ Cell Phone _____

Name: _____ SSN/TIN: _____

Home Phone _____ Business Phone _____ Cell Phone _____

Old Address _____

New Physical Address _____

New Mailing Address _____

Please check one box:

Permanent Change

Temporary Change End Date: _____

Seasonal Change Start Date: _____ End Date: _____

Account Information

Please check one of the following boxes:

- Change My Address for All Accounts at Legacy Banks
- Change My Address Only for Specific Accounts Listed Below

Account # _____ Account # _____ Account # _____

Household Information-Household members 18 or older must sign form.

List any minors or household members incapable of signing that should also be included in this change.

Name: _____ SSN/Tax ID# _____

Name: _____ SSN/Tax ID# _____

Please check the following boxes if they apply:

- I have an ATM/Debit Card with Legacy Banks.
- I have Legacy BillPay service.

Authorization

Customer Signature(s): _____

Bank Authorization: _____ Branch: _____ Date: _____

Please sign form and return to Legacy Banks, PO Box 1148, Pittsfield, MA 01202, or drop off at any one of our branches.

Internal Use-DES Only

Maintenance Processed by: _____ Date: _____