



# Change of Contact Information Request Form

For changes, please complete this form, print, sign and return to any of our convenient locations or mail to Mascoma Bank, PO Box 4399, White River Junction, VT 05001.

Mailing Address ~ Physical Address ~ Email Address ~ Home/Work/Cell Numbers

	List each customer separately	Signature
<b>Customer (1)</b>		
<b>Customer (2)</b>		
<b>Customer (3)</b>		

Your signature above authorizes a change of address or phone number on any personal or consumer account for which you are a signer.

Business Owner(s): List Business names below to be changed:

\_\_\_\_\_

Each person must authorize a change of phone number or address for their individually owned accounts by signing the form above.

Change ALL accounts – YES

Change ALL accounts – NO  List the accounts to be affected by phone number or address change.

Account Number	Account Number

INFORMATION		<u>OLD CONTACT INFORMATION</u>	<u>NEW CONTACT INFORMATION</u>
Mailing Address			
Mailing City, State Zip			
Physical Address			
Physical City, State Zip			
Home Phone Number			
Customer 1	Email Address		
	Cell Phone Number		
	Work Phone Number		
Customer 2	Email Address		
	Cell Phone Number		
	Work Phone Number		
CDARS or ICS Customer		YES <input type="checkbox"/> NO <input type="checkbox"/>	

**Bank Use Only**

Employee Full Name: \_\_\_\_\_ Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_