



# 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, Attn: Mailroom, PO Box 4399, White River Junction, VT 05001.

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

**Attn: Mailroom**

	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: \_\_\_\_\_