

## Thomaston Savings Bank Customer Information Change Form (website)

**Please Note: One form per customer to be completed and signed.**

Customer Name \_\_\_\_\_ Tax Identification Number \_\_\_\_\_

CHANGE	OLD INFORMATION	NEW INFORMATION
<input type="checkbox"/> Mailing Address - <i>Permanent</i>		
<input type="checkbox"/> Mailing Address – <i>Seasonal</i>	Start Date: _____ End Date: _____	
<input type="checkbox"/> Physical Address		
<input type="checkbox"/> Home Phone		
<input type="checkbox"/> Work Phone		
<input type="checkbox"/> Cell Phone		
<input type="checkbox"/> Fax Number		
<input type="checkbox"/> Seasonal Phone (if applies)		
<input type="checkbox"/> Email Address		
<input type="checkbox"/> Date of Birth		

**Affected Accounts and Services**

Changes to affect the following Accounts (*Select one*):

- Change my customer profile information only.  
 Change my customer profile and the following accounts on which I am a signer.

Changes to also affect the following Services I have (*Choose all applicable services*):

- E-Statement    Online Banking Bill Pay    Safe Deposit Box

*Please note: Visa and ATM cards are mailed to the account address.*

**For security purposes, changes will not be made until we are able to verify the authenticity of this request.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Identification \_\_\_\_\_  
 Title \_\_\_\_\_ *Changes to business accounts require the signature of an owner/principal*

Return completed and signed form to:

**By Mail:** Thomaston Savings Bank  
 Operations Department  
 203 Main Street, PO Box 907  
 Thomaston CT 06787

**By Fax:** Fax: 860-283-6621  
 Attn: Operations Department

**In Person:** Any Thomaston Savings Bank Branch Office