

CHANGE OF ADDRESS FORM

This form should be used if you've moved or are about to move and need to change your address. It can also be used to set up a temporary or seasonal address. Once complete, please sign the form and return it to any of our branch locations or mail it to us at:

Litchfield Bancorp
294 Main Street
PO Box 997
Litchfield, CT 06759

Customer Name: _____

Address Change

Previous Address:

Street City State Zip

New Address: (If the mailing address is a PO Box, please provide a permanent street address)

Street City State Zip
Mailing Address

Street City State Zip
Physical Street Address

Temporary or Seasonal Address

Dates at this address: _____ thru _____

Account Numbers Affected:

- All Accounts
 Account Numbers Affected: _____

Phone Number:

Home Cell Other

Email Address:

Customer Signature: _____

Required to Authorize Change

Date

**Please submit a separate form for each account holder.