

ADDRESS CHANGE NOTIFICATION		Financial Institution Name and Address The Village Bank 307 Auburn St Auburndale, MA 02466	
DATE OF NOTIFICATION	EFFECTIVE DATE OF CHANGE	WHEN ALTERNATE, EFFECTIVE UNTIL	
REQUESTER NAME (Consumer)		ENTITY NAME (Commercial and Governmental)	
ADDRESS (PRIOR)		ADDRESS (NEW)	
CONTACT INFORMATION. Provide new phone and email address information below.			
Primary Phone:		Secondary Phone:	
Email Address:			
This Address Change Notification is applicable to the following accounts: (Provide a description of the account, such as Checking or Safe Deposit Box, and the identifying number.)			
1.		#	
2.		#	
3.		#	
4.		#	
5.		#	
6.		#	
7.		#	
8.		#	

Additional Information:

DEFINITIONS. The term "I" refers to the individual requesting the change, either on his/her own behalf or as authorized representative of a business, governmental or other non-individual customer. The terms "you" and "your" refer to the financial institution.

AUTHORIZATION. By signing below, I hereby acknowledge that the information provided above is true and correct, and authorize you to make the indicated changes in your records for the accounts identified above. I certify that I indemnify you from any and all claims related thereto.

X _____
Date

Received by Financial Institution:

By X _____
Date

