



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:

Collinsville Savings Society
136 Main Street
PO Box 197
Collinsville, CT 06022
(860) 693-5912

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.