

**PITTSFIELD COOPERATIVE BANK  
ACCOUNT INFORMATION CHANGE FORM**

Customer Name: \_\_\_\_\_

Please indicate if you have a **DEBIT CARD**      yes\_\_\_\_      no\_\_\_\_  
Please indicate if you have **BILL PAY**            yes\_\_\_\_      no\_\_\_\_

New Address:	Old Address:
_____	_____
_____	_____
_____	_____

Effective Date of Change:	If Temporary/Seasonal, Date of Expiration:
_____	_____

If change of address is for specific accounts only, list account numbers to be changed:

_____	_____
_____	_____

Updated Email Address \_\_\_\_\_

New Telephone Number:	Corrected / updated Tax ID Number
_____	_____

Is I.D. information being changed/updated?      yes\_\_\_\_      no\_\_\_\_  
If yes, copy of new I.D. must be attached.

**Customer Signature:**

\_\_\_\_\_

Additional Authorized signers (if applicable i.e. 'joint-and' accounts):

\_\_\_\_\_

---

**Bank Use Only:**

Date Changed: \_\_\_\_\_

Changed by: \_\_\_\_\_      Teller # \_\_\_\_\_