



70 MAIN STREET
P.O. BOX 740
MEDWAY MA 02053

NAME AND ADDRESS CHANGE /ACCOUNT MAINTENANCE FORM

Please complete entire form and return to Charles River Bank

OLD INFORMATION

Account Owner(s) Name(s): _____

Address: _____

Tax Owner's SSN: _____ DOB: _____ HOME PHONE: _____
(last 4 digits)

NEW INFORMATION

Account Owner(s) Name(s): _____

P.O. Box _____

Street Address: _____
(required in ALL cases)

Email: _____

Tax Owner's SSN: _____ DOB: _____ PHONE: _____
(last 4 digits)

CELL PHONE: _____

This NEW INFORMATION applies to the following accounts:

All Deposit & Loan Accounts with CRB (includes related ATM/Debit Cards & Online Banking)

Safe Deposit Box

Only the following Accounts (list each account # separately)

Other Details: _____

Customer(s) Signature(s): _____

Internal use only:

Processed by: _____ Branch: _____ Date: _____ Verified by: _____