



COMMERCIAL/ORGANIZATION CHANGE OF ADDRESS REQUEST FORM

Please use this form to request address changes for businesses and organizations. Bank policy requires that the change of address request cannot be processed without a signature by the person authorized on the organizational authority currently on file with the Bank.

Please Type or Print

Business/Organization Name	Old Address Information	New Address Information
Name	Street (Required) Suite #	Street (Required) Suite #
Employer Identification Number	P.O. Box (Optional)	P.O. Box (Optional)
	City, State, Zip (Required)	City, State, Zip (Required)
	Telephone	Telephone
	e-mail address	e-mail address

Do you have a Debit BusinessCard or an ATM card? **Yes** **No**

Does your company/organization rent a Safe Deposit Box at Dean Bank? **Yes** **No**

Any changes requested on this form may take up to 2 business days to process.

A returned mail fee of \$5.00 will be assessed if mail has been returned to the bank prior to the receipt and execution of this request, or if the above information be deemed inaccurate or incomplete by the United States Postal Service.

By signing below I verify the accuracy of the above information and that I am authorized to make the requested changes on behalf of the above named company.

Signature _____ Date _____

Title _____

BANK USE ONLY					
Received by		Processing:		Initials	Date
		Change Processed			
		Lockout Removed			
		Initials	Date	Account Mail Restriction Removed	
Cust ID#				Fee Assessed	
MMC/ATM				Held Mail forwarded to new address	
SDB#				Reviewed By: Date:	
ECB					

21 Main Street, P.O. Box 307, Franklin, MA 02038 508-528-0088
 411 Pulaski Boulevard, Bellingham, MA 02019 508-883-2000
 8 Main Street, Blackstone, MA 01504 508-883-2122
 32 Hastings Street (Route 16), Mendon, MA 01757 508-634-0040