



**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

<b>Business/Organization Name</b>	<b>Old Address Information</b>	<b>New Address Information</b>
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 (Required)	Telephone (Required)
	e-mail address	e-mail address

**Do you have a Debit MasterCard 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 \_\_\_\_\_

<b>BANK USE ONLY</b>						
Received by		Date		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