



Change of Address Form

Customer Name: _____

Last 4 digits of Social Security or EIN Number: _____

I _____ request Watertown Savings Bank to change my address on the following accounts:

All Watertown Savings Bank Accounts (please circle): YES NO

Old

Address: _____

City, State, Zip: _____

New Mailing Address: _____

City, State, Zip: _____

Street Address: _____
(If different from Mailing)

City, State, Zip: _____

Cell Phone: _____ Work Phone: _____

Home Phone: _____

Date of Birth: _____ Drivers License Number: _____

Drivers License State: _____ Issue Date: _____ Exp Date _____

Employer: _____ Occupation: _____

Email Address: _____

Customer Signature: _____ Date: _____