

CHANGE OF ADDRESS FORM

Name

Social Security Number

E-Mail Address*

* E-mail address is required for Online Banking customers, and optional for non-Online Banking customers.

Please change the address for all my Central Bank account numbers listed below:

Signature

Date

All address change requests must be made in writing, and must include a customer signature.

To change your address, please complete all requested information and print this form.

Please sign, date, and return the form to your local [branch office](#), or you may mail the completed form to:

CENTRAL BANK
399 HIGHLAND AVENUE
SOMERVILLE, MA 02144-2516
(617) 628-4000

Your address change will be processed within 2 - 3 business days from the day the Bank receives your written request.
If you are unable to print this form, please contact your local branch office, or our main office at (617) 628-4000.

