



CHANGE OF ADDRESS

Please return completed form to RetailLoanServicing@BerkshireBank.com, or your local branch

Account Holder(s):

SS # / TIN (list only last four please):

Indicate **ONE** option:

☐

Change **ALL** Accounts

☐

Change **ONLY** the Account(s) listed

Account Number(s):

CURRENT INFORMATION

Mailing:

Physical:

Street or PO Box

Street or PO Box

City, State, Zip

City, State, Zip

E-Mail:

Home: ()

Fax: ()

Work: ()

Mobile: ()

NEW INFORMATION

Mailing:

Physical:

Street or PO Box

Street or PO Box

City, State, Zip

City, State, Zip

E-Mail:

Home: ()

Fax: ()

Work: ()

Mobile: ()

Please change the address on your records as indicated above.

CUSTOMER SIGNATURE REQUIRED

Date

CUSTOMER SIGNATURE REQUIRED

Date

CUSTOMER SIGNATURE REQUIRED

Date

CUSTOMER SIGNATURE REQUIRED

Date

For customer use only_1.2019