



Instructions

1. Fill in both sides of the Change of Address Form below as appropriate (Account Name and Account Number are required). You can fill in the blanks before you print, but if you prefer, print a blank form and handwrite the information.
2. Print the form by clicking File, Print or by clicking the Print (Icon) button on your browser's toolbar.
3. Sign the form where indicated.
4. Mail the form to us at:

BCI Financial Corporation
 P.O. Box 566
 Southington, CT 06489

If you have any question, please call us at 860-439-9400 extension 440

CHANGE OF ADDRESS FORM

Account Name (Required) _____	Account Number (Required) _____
YOUR COMMENTS	NEW INFORMATION Fill in the blanks below if the information has changed
	NAME _____
	ADDRESS _____
	CITY _____ STATE _____ ZIP _____
	HOME TELEPHONE _____
	BUSINESS TELEPHONE _____
	Signature _____ Date _____

FOR OFFICE USE ONLY			
CIF Change By	Date	CIF Change Verified By	Date