



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 876
Cheshire, CT 06410

If you have any questions, 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