



## 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 question, please call us at 203-439-9400 x 440

## CHANGE OF ADDRESS FORM

Account <b>Name</b> (Required) _____	Account <b>Number</b> (Required) _____
<b>YOUR COMMENTS</b>	<b>NEW INFORMATION</b> 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
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