

Change of Address Request

INSTRUCTIONS: Please provide all information on this form and be sure to sign the form. If you utilize a Post Office Box, you must also provide a physical address. When completed please bring, or mail, the form to the Credit Union. Our address is at the bottom of the form.

Member/Account #: _____ **Effective Date:** _____

Name: _____

New Physical Address: _____

New Mailing Address (if different than above): _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone #: _____ **Alternate Phone #:** _____

Former Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

MEMBER SIGNATURE: _____

For Office Use ONLY

Date: _____ **Processed by (teller # and initials):** _____

Check applicable card(s):

ATM Card

Debit Card

VISA Card

If any of the above apply, copy & send form to related department for processing.

Accounting

Finance Department

Mail To:

**NORTH FRANKLIN FEDERAL CREDIT UNION
494 East Main Street
Malone, NY 12953**