



**Change of Address Request**

**\$5.00 service fee for any returned mail**

For your protection, we do not accept change of address requests over the phone or Internet. To expedite your request, please complete the form, sign, and return it to the Credit Union in the enclosed self-addressed envelope:

**Primary Account Number:** \_\_\_\_\_

**Primary Member's Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Joint Owner's Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**\*We are required by law to obtain your residential address  
 \*\*P.O. boxes can be used for mailing purposes**

**\*New Residential Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**\*\*Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

I (We) currently have the following services, which will require an address change (check all that apply):

- IRA     Checking Account     ATM/Debit Card     VISA Credit Card     On-Line Services

I (We) give authorization for New England Teamsters Federal Credit Union to make changes to all my (our) account(s) as stated on this form.

\_\_\_\_\_  
**Primary Member's Signature**                      **Date**                      **Joint Member's Signature**                      **Date**

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**FOR OFFICE USE ONLY: When maintenance is complete scan and save this form to appropriate archive**

\_\_\_\_\_  
 Date Received & File Maintenance Performed      Signature Verified      Portico Maintenance Performed      Archive Verified by Additional Employee