

# CHANGE OF ADDRESS OR OTHER CONTACT INFORMATION

Your Account number \_\_\_\_\_ Other account number \_\_\_\_\_

Name \_\_\_\_\_

Your former address \_\_\_\_\_

Town \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

New Address

Street \_\_\_\_\_

Town \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Cell phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Please fill out and sign this form. All changes need your signature and date.  
Bring the form into the Credit Union or fax it to us at 802.257.5837.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

*For credit union use only:*

*Change to system done*

*Initials* \_\_\_\_\_ *Date* \_\_\_\_\_

*Visa address change, (if any)*

*Initials* \_\_\_\_\_ *Date* \_\_\_\_\_

*ATM/Debit card, (if any)*

*Initials* \_\_\_\_\_ *Date* \_\_\_\_\_

*CU Money card, (if any) )*

*Initials* \_\_\_\_\_ *Date* \_\_\_\_\_

*File this form with Signature card*

*Initials* \_\_\_\_\_ *Date* \_\_\_\_\_