



P.O. Box 1160 • Linden, New Jersey 07036
Phone: 908-862-6966

Address Change Form

Member Name (print): _____ Member Number: _____

New Primary Address (required): _____

Mailing Address (if different from above): _____

Home Phone#: _____ Cell Phone#: _____

Work Phone#: _____ Email Address: _____

Member Signature _____ Date _____

Joint Member Signature _____ Date _____

Please Note - If you are unable to be in person at any of our branch locations, **this form must be notarized and returned with a copy of a valid state issued ID and proof of new residency.*

Sworn to and subscribed before me on this ____ day of ____, 20__.

Seal

Notary's Signature

-----Credit Union use only-----

- | | | |
|------------|-----------------|---|
| MSR | VERIFIER | |
| () | () | Address change request received by (check one): [] Mail [] In Person |
| () | () | ID received / up-to-date |
| () | () | Proof of new address collected |
| () | () | Signature on file verified (signature card) |
| () | () | Joint owner address verified/update form received (if applicable) |
| () | () | For mail in request - called account owner to verify change request |
| () | () | Address updated on all associated accounts |
| () | () | Home banking/bill pay updated |
| () | () | e-Statements updated (verify for email address changes) |
| () | () | IRA/Ascensus updated - IRA change form# 2309 completed (2 copies; Member and CU File) |
| () | () | Returned mail flag (24) removed (if applicable) |

Employee (print) / Signature _____

Date _____

Verifier (print) / Signature _____

Date _____