



360 North Wood Avenue • Linden, New Jersey 07036  
Phone: 908-862-6966 • Fax: 908-523-6119

**Change of Address Form**

**Member Name (print):** \_\_\_\_\_ **Account 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 photo ID and proof of your new residency.**

**Sworn to and subscribed before me on this \_\_\_ day of \_\_\_, 20\_\_.**

**Seal**

\_\_\_\_\_  
**NOTARY SIGNATURE**

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

MSR    VERIFIER

- ( )    ( )    Address change request received (check one):    ( ) **In Person**    ( ) **Mail (notarized)**
- ( )    ( )    Two forms of ID received/updated
- ( )    ( )    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
- ( )    ( )    Check vendor updated with new address
- ( )    ( )    Visa credit card updated - copy sent to Visa department
- ( )    ( )    IRA account updated - IRA change form# 2309 completed (2 copies; Member & CU file)
- ( )    ( )    Home banking/bill pay updated
- ( )    ( )    Returned mail flag removed (if applicable)

\_\_\_\_\_  
**Employee (print) Name/Signature** **Date**

\_\_\_\_\_  
**Verifier (print) Name/Signature** **Date**