



New England Federal Credit Union

ADDRESS CHANGE REQUEST FORM

Complete all information, print, sign and date the form. Mail to the following address:

New England Federal Credit Union
PO Box 527, Williston, VT 05495
or fax to 802-764-6558

Member Name: _____ **Member Number:** _____

Residential Address/Telephone #:
Residential address cannot be a PO Box.

	Previous	New
Street		
City		
State, Zip	<input type="text"/>	<input type="text"/>
Work Telephone	()	()
Home Telephone	()	()
Cell Phone Number	()	()

Mailing Address:
If different from Residential.

	Previous	New
Street		
City		
State, Zip	<input type="text"/>	<input type="text"/>

Changing your address information will NOT update any joint member information. If a joint member wishes to update address information, he/she must complete a separate form.

Signature: Member signature is required. A parent/guardian may sign for a minor.

Member Signature _____ Date _____
Parent/Guardian Signature _____ Date _____

For Credit Union Use Only	FSP changed by/Op# and initials - _____
---------------------------	---