

ADDRESS CHANGE FORM

Please complete the information below and return this form to:

**North Towns Federal Credit Union
P.O. Box 657
9145 Sheridan Drive
Clarence, NY 14031**

***NOTE:** To assure us that your address has not been changed without your knowledge, we will not update our files until this form is returned to our office.*

MEMBER ACCOUNT #: _____

MEMBER NAME: _____

NEW ADDRESS: _____

HOME PHONE #: _____ CELL #: _____

MOTHER'S MAIDEN NAME: _____

E-MAIL: _____

E-STATEMENTS?: Yes / No (*circle one*) Must have Home Banking to receive e-statements.

SIGNATURE: _____ DATE: _____

Office Use Only (to be completed when returned from member)

Address changed on:

System		_____	Staff Initials	_____	Date
Checking (checks)	___ N/A	_____	Staff Initials	_____	Date
Debit/ATM	___ N/A	_____	Staff Initials	_____	Date
Home Banking	___ N/A	_____	Staff Initials	_____	Date
VISA	___ N/A	_____	Staff Initials	_____	Date
Bill Pay	___ N/A	_____	Staff Initials	_____	Date
IRA's	___ N/A	_____	Staff Initials	_____	Date
Marketing		_____	Staff Initials	_____	Date