



# 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		
Work Telephone		
Home Telephone		
Cell Phone Number		
Email Address		
Minor children needing same address change		

**Mailing Address:** *If different from Residential.*

	Previous	New
Street		
City		
State, Zip		

**Alternate/Seasonal Address:**

Street		
City		
State, Zip		
Start Date	End Date	

*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: \_\_\_\_\_

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**For Credit Union Use Only**

**Check One**    In Person    By Mail    By Fax

Was address restriction removed? \_\_\_\_\_ Was mail restriction corrected? \_\_\_\_\_

Was change accompanied by a withdrawal request? \_\_\_\_\_ If yes, was the signature verified? \_\_\_\_\_

**MSC Teller Number** \_\_\_\_\_ **Date** \_\_\_\_\_