



ADDRESS CHANGE FORM

Mail, Fax or Email this completed and signed form along with a copy of your valid Driver's License or Government issued ID to:
 SUNY Fredonia FCU, G139 Williams Center, 280 Central Ave., Fredonia, NY 14063;
 Fax: (716) 673-3685; Email: credit.union@fredonia.edu

CU Account No. (list all account numbers that need to be updated)

Print Member Name (First and Last Name) _____

- Change my address only
 Change address for all account owners

Previous Mailing Address: _____
 (Required)

City _____ State _____ Zip _____

New Physical Address: _____
 (Required)

City _____ State _____ Zip _____

New Mailing Address: _____
 (Required if different from Physical)

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Effective Date: _____



Member Signature* (Required) _____ Date _____

***A copy of your valid Driver's License or Government Issued ID must be included for verification.
 Your address cannot be changed without this being provided**

INTERNAL USE ONLY

ACTION		DATE	INITIALS
Signature Verified			
ID Verified and Scanned			
Email Address Verified			
Account Updated			
Visa Check Card Updated	D/C #		
IRA Updated	ROTH / TRAD		
Form Scanned to Account			