



ADDRESS CHANGE FORM

Mail, Fax or Email this form complete with wet / handwritten signature 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* (Handwritten Required, non-digital) Date

***A copy of your valid Driver's License or Government Issued ID must be included for verification.**
 If the address listed on the ID does not match the new mailing or physical address, attach proof of residence document such as a utility bill, bank statement, credit card statement, paystub, lease agreement, insurance policy, etc.
For security measures, your change of address update may be delayed if the requested documentation is not submitted.

INTERNAL USE ONLY

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