



NE PA COMMUNITY
FEDERAL CREDIT UNION
*Monroe and Pike Counties'
Community Credit Union*

ADDRESS CHANGE REQUEST

Member's Name: _____

Account Number(s): _____

Mailing Address:

Address Line: _____

City: _____ **State:** _____ **Zip:** _____

Physical Address: (Required if Mailing Address is not Actual Physical Address)

Address Line: _____

City: _____ **State:** _____ **Zip:** _____

Home Telephone #:(_____) _____ - _____ **Work Telephone #:(_____) _____ - _____**

E-Mail Address: _____

Member's Signature: _____ **Date:** _____

Mail, fax or deliver this form to:
NE PA Community Federal Credit Union, 935 Clay Avenue, Stroudsburg, PA 18360
Fax Number (570) 421-5288

For Credit Union Use Only:

STAFF MEMBER RECEIVING AND COMPLETING REQUEST:

- Complete address change in the "N" screen (NO PUNCTUATION IS ALLOWED)
- 90 Day Temporary Message on Computer

Initials of staff member receiving request and completing change in CUSA: _____

FORWARD THIS FORM TO MARSHA FOR THE ACCOUNT VERIFICATION:

- Verify Address is Correct in CUSA.
- Check to see if the member has any of the services listed below. If so, check off the service and, if applicable, write in the Credit and/or Debit Card #.

Initials of staff member performing the Account Verification: _____

IF MEMBER HAS THESE SERVICES, FORWARD THIS FORM TO THE STAFF MEMBER LISTED BELOW:

- Operations Support Specialist: Credit Card # _____ Debit Card # _____
- Assistant Vice President-Operations (IRA'S)
- Senior Loan Officer (STUDENT LOANS)