



**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 #:**(_____) _____ - _____

Cell Phone # (____) _____ - _____

E-Mail Address: _____ **State ID#:** _____

Issue date _____ **Exp date** _____

Occupation _____ **Employer** _____

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

Mail, fax or deliver this form to:
NE PA Community Federal Credit Union, 337Clay 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 Account Revisions/Closure screen
- Adjust Warnings Code at Account Level
 - Add Warning Code – 008 New Address Updated Expiration Date: 3 Months From Present Date
 - Remove Warning Code – 019 Need New Address (if applicable)
- Update Statement Mail Code (if applicable) at the Account Level.
Should be 00 (Use Individual Mail Codes) if we have a valid address.

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

FORWARD THIS FORM TO THE STAFF MEMBER LISTED BELOW:

- ___ IRA's – Forward to Member Services (if applicable)
- ___ Mtg Department