



Change of Address Request

Account Number: _____

Name (Please print): _____

Joint Name (Please print): _____

Email address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Has the Post Office been notified of address change? _____

New Address

Street: _____ Apt/Lot: _____

City, State, Zip: _____ County: _____

Old Address

Street: _____ Apt/Lot: _____

City, State, Zip: _____

Other Accounts Affected

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Member Signature: _____ Date: _____

Please print, fill out and mail or fax to:
Southern Chautauqua FCU
168 E. Fairmount Avenue
Lakewood, NY 14750
Fax: 844-965-9274

For Credit Union Use Only

Received and updated by _____ Date _____ Updates verified by _____ Date _____

Changes updated in:

Joint Updated	Sharetec	Ascensus	Form Scanned to Account	Contact Manager
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