



# **CLARENCE COMMUNITY & SCHOOLS FEDERAL CREDIT UNION**

## **ADDRESS CHANGE FORM**

*Please complete the information below and return this form to:*

**Clarence Community & Schools  
Federal Credit Union  
P.O. Box 657  
9145 Sheridan Drive  
Clarence, NY 14031**

**NOTE:** *To assure us that your address has not been changed without your knowledge, we will not update our files until this form is returned to our office.*

MEMBER ACCOUNT #: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER : \_\_\_\_\_

CELL NUMBER : \_\_\_\_\_

E-MAIL : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

***Office Use Only (to be completed when returned from member)***

**Address changed on:**

Identity Verified	_____ Staff Initials	Method: _____
System:	_____ Staff Initials	_____ Date
Notify Marketing:	_____ Staff Initials	_____ Date
Checking (checks)	_____ Staff Initials	_____ Date
Debit/ATM:	_____ Staff Initials	_____ Date
Home Banking	_____ Staff Initials	_____ Date
VISA	_____ Staff Initials	_____ Date
IRA's:	_____ Staff Initials	_____ Date