

UHS Employees

FEDERAL CREDIT UNION

Address Change Form

Account Number: _____

Name: _____ Social Security Number/ EIN: _____

Old / Previous Address: _____

Home: _____ Work: _____ Cell: _____

New Physical Address: _____

New Mailing Address (if different from Physical): _____

Add Email Address (*please note* this will update/replace any existing email address): _____

Is this a seasonal address change? Yes No If this is seasonal address what is the return date _____

This Address Change applies to (check only one):

- ALL accounts on which my name appears as an authorized signer/owner
- ONLY accounts on which I am the primary holder
- OR provide us with a detail list of the account numbers to be changed

Questions: 607-763-6565

Signature _____

Date _____

I hereby authorize UHS Employees Federal Credit Union to change my address as described above.

Instructions:

- Complete and sign this form (forms without a signature will not be processed)
- Fax completed Request to 607-763-5095
- OR mail in request to UHS Employees Federal Credit Union: 33-57 Harrison Street Johnson City, NY 13790

For Credit Union Use Only:

Signature Verified _____ Changed on CSS _____ Changed on IQ _____ Additional Due Diligence Note _____