

# Oswego Teachers' Employees' Federal Credit Union

## CHANGE OF ADDRESS FORM

To ensure the security of your personal information, your signature is required to change your address. Also, **send or bring a copy of your driver's license with your change of address request. Please complete a separate form for each member at this address.** Simply print, complete, sign and drop off the Change of Address Form at our office or mail/fax it to us at:

**Mail:** **OR**  
**Oswego Teachers' Employees Federal C.U.**  
**PO Box 878**  
**Oswego, NY 13126**

**Fax completed form to:**  
**(315) 342-2205**

### Customer Information

Customer Number: \_\_\_\_\_  Change VISA also

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Effective Date of Address Change: \_\_\_\_\_  immediately  
mm dd yyyy

### Current Listed Address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**New Address**  Physical  Mailing  Physical and Mailing

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Contact Information

Home phone number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Change my preferred method of receiving statements to Electronic (circle one) Y N**

Work phone number: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

Joint Owner Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

### For Credit Union use only

Employee Verified: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

Reviewed By: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy