

ADDRESS CHANGE REQUEST:

PAR-DEL EMPLOYEES FEDERAL CREDIT UNION

AFFECTED ACCOUNT(S):

ACCOUNT NUMBER

PRIMARY ACCOUNT HOLDER (FIRST NAME ON ACCOUNT)

NEW ADDRESS (PLEASE PRINT):

PHONE NUMBER (HOME):

PHONE NUMBER (CELL):

CHANGE IS: _____ PERMANENT **OR** _____ TEMPORARY UNTIL _____ (DATE).

SIGNATURE: _____ DATE: _____

NOTE: THE PERSON WHO SIGNS THIS FORM MUST BE NAMED AS EITHER PRIMARY MEMBER, JOINT ACCOUNT HOLDER, **OR** POWER OF ATTORNEY ON **ALL ACCOUNTS LISTED ABOVE** FOR THE CHANGE TO BE PROCESSED.

NCUA IS REQUIRING US TO HAVE A SIGNED DOCUMENT ON FILE FOR ANY ADDRESS CHANGES. WE REGRET ANY INCONVENIENCE THIS IS CAUSING. ADDRESS WILL NOT BE CHANGED IF THIS FORM IS NOT RETURNED.

PLEASE RETURN FORM TO: P.O. BOX 4067, WYOMING, PA 18644 OR
800 WYOMING AVE., WYOMING, PA 18644