

Peoples Federal Credit Union
Address Change Form
FAX COMPLETED FORM TO: 304-857-0013

Member Information			
Member Name:			
Member Number:		SSN:	
Address Information			
New Mailing Address:			
City:		State:	Zip:
Physical (Street) Address:			
City:		State:	Zip:
Phone Number:	Cell Phone:	Work Phone:	
E-Mail Address:			
Account Information			
Please check mark the Accounts or Services that you have: <ul style="list-style-type: none"><input type="checkbox"/> Savings Accounts Only<input type="checkbox"/> Checking Account<input type="checkbox"/> Visa Check/Debit Card<input type="checkbox"/> IRA<input type="checkbox"/> 24/7 Online Service<input type="checkbox"/> Electronic Bill Pay Service<input type="checkbox"/> Have Ordered Checks From Us Previously			
Member Signature:			Date:
Address Change Faxed By:			Date:
Address Change Completed By:			Date: