

Please complete this form with your signature and return it along with a copy of your driver's license or state identification card to:

Perry Point Federal Credit Union
Avenue D & Fifth Street
P. O. Box 5
Perry Point, MD 21902-0005



Address Change Notification Please Print

MEMBER ACCOUNT NUMBER

FIRST NAME

MIDDLE NAME

LAST NAME

SUFFIX (Jr., Sr., II, III, etc.)

Old Mailing Address

ADDRESS

APT. #

CITY

STATE

ZIPCODE (extended 9 digit if known)

New Mailing Address

ADDRESS

APT. #

CITY

STATE

ZIPCODE (extended 9 digit if known)

Contact Information

()

HOME TELEPHONE NUMBER

()

WORK TELEPHONE NUMBER

EXTENSION

EMAIL ADDRESS

Account Information - Please check the accounts you have with us.

- Share Draft Checking Account ATM Card Individual Retirement Account VISA Credit Card
 VISA Check (Debit) Card Coverdell Education Savings Account

PLEASE CHANGE THE MAILING ADDRESS ON MY ACCOUNTS AS NOTED ABOVE EFFECTIVE ON

(DATE)

MEMBER SIGNATURE

OFFICE USE ONLY: DATE RECEIVED

CHANGED BY