



ADDRESS CHANGE FORM

Please complete the information below and return this form to:

Sweet Home Federal Credit Union
1960 Sweet Home Road
Amherst, NY 14228

NOTE: *To assure us that your address has not been changed without your knowledge, we will not update our files until this form is returned to our office.*

MEMBER ACCOUNT #: _____

MEMBER NAME: _____

NEW ADDRESS: _____

PHONE NUMBER: _____

CELL NUMBER: _____

E-MAIL: _____

By signing this form, you acknowledge that Sweet Home Federal Credit Union has the right to update the information provided on ALL PRODUCTS & SERVICES you have associated with the credit union.

SIGNATURE: _____ DATE: _____

Office Use Only (to be completed when returned from member)

Address changed on:			
System	_____	Staff Initials	_____ Date
CPS Info	_____	Staff Initials	_____ Date
Debit/ATM	_____	Staff Initials	_____ Date
Credit Card	_____	Staff Initials	_____ Date
IRA's	_____	Staff Initials	_____ Date
Mortgage/HELOC	_____	Staff Initials	_____ Date
Bill Pay	_____	Staff Initials	_____ Date