



Change of Address

Account # _____

Date _____

Name _____

Home Phone # _____

SS# (Last Four Only) _____

Cell Phone # _____

Email _____

Work Phone # _____

New Address _____

Old Address _____

Special Instructions: _____

Signature _____

INTER-OFFICE USE ONLY

Accepted by: _____

Changed by: _____

Applied to:

Debit Cards Checks

*To change your address, please fill out all fields on the form above.
Please print the form and fax it to (617) 547-0743.*

You may also mail the form to:

CPCU Credit Union
*Attn: Operations Dept.
493 Somerville Ave.
Somerville, MA 02143*