



**COMPLETE AND RETURN TO:**

OSFCU  
Member Services  
PO Box 9  
Newfane, NY 14108-0009

## Change of Address

Member Name \_\_\_\_\_ Last 6 Digits of SS# \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Old Address \_\_\_\_\_

New Address \_\_\_\_\_

New Phone \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_ Member Signature \_\_\_\_\_ Date \_\_\_\_\_

DATE FOR ADDRESS CHANGE TO BEGIN:

### Credit Union Use Only

Changed By \_\_\_\_\_ Date \_\_\_\_\_