

Teller

Dear Member,

We've received notification from either you or the United States Postal Service that your address has changed. In order to protect your account information we need to verify this information. Please return this signed document in the envelope provided so we may update your account information. *If your mailing address is a Post Office box number we also require your physical address to be on file. If you have any questions please call 419.479.4040 to speak with a Member Service Representative.

Change of Address Request

Name:			
Driver's License #			
New Address			
Street:			
Apt/Lot:			
City, State, Zip:			
Home Phone:			
Work Phone:			
Cell Phone:			
Old Address			
Street:			
Apt/Lot:			
City, State, Zip:			
Other Accounts Affected:			
Signature:			
Please prin	t, fill out and mail or fax to:		
•	PROMEDICA. FEDERAL CREDIT UNION		
2301 W. Central Ave. Toledo, OH 43606 Fax: 419.479.4047			
Fc	or Credit Union Use Only:		
Initials/#D	ate Changed	_Signature Verified	\square Y \square N