

CHANGE OF ADDRESS



***Please Note these changes can be made when you login at www.NSCCU.com**

OLD ADDRESS _____
CITY _____ STATE _____ ZIP _____

★ **Please Fill in & Return!**

Member # _____

NEW

NAME _____

PHYSICAL _____

CITY _____ STATE _____ ZIP _____

MAILING (if different than above) _____

CITY _____ STATE _____ ZIP _____

Home Phone # (____) _____

Cell Phone # (____) _____

Work Phone # (____) _____

Email Address _____

I hereby authorize North Star Community Credit Union to change my accounts to the above address, phone number and e-mail.

Signature _____ Date ____/____/____

A SIGNED FORM IS **REQUIRED** TO MAKE CHANGES TO YOUR ACCOUNT

OFFICE USE ONLY

TELLER # _____

SYSTEM ASSOCIATE MBR CHECK BLANKS VISA MAIL CODE #1 IRA/HSA