



CHANGE OF ADDRESS REQUEST FORM

Member Number(s): _____

Social Security Number: _____

Name(s): _____

New Address: _____

Email Address: _____

Home Phone Number: _____

Work Phone Number: _____

If Applicable:

Visa Number: _____

IRA: _____

Loans: _____

This change of address applies to all of my accounts held at Columbia-Greene FCU.

MEMBER SIGNATURE REQUIRED: _____

Please return to:

In Columbia County:

**Columbia Greene Federal Credit Union
207A Green Street
Hudson, New York 12534**

In Greene County:

**Columbia-Greene Federal Credit Union
12165 Route 9W
West Coxsackie, NY 12192**

CGFCU Only:

Date Received: _____

Changed By: _____