## Greater Woodlawn Federal Credit Union

Main: S-3811 Lakeshore Road Blasdell, New York 14219 Phone: (716) 826-6427 Fax: (716) 824-2281 Branch: 351 E. Fairmount Avenue Lakewood, NY 14750 Phone: (716) 763-7283 Fax: (716) 763-7286 Branch: 3995 Vineyard Dr Dunkirk, NY 14048 Phone: (716) 363-7412 Fax: (716) 363-7416

DATE	MEMBER NUMBER				

## **ADDRESS CHANGE REQUEST**

WHEN COMPLETING THIS FORM PLEASE PRINT								
NAME	LAST		FIRST			M.I.		
SOCIAL SECURI	ГҮ #	BUSINESS PH	BUSINESS PHONE		HOME PHONE			
Address Change (check all that ap		rimary Owner N	Joint Owner(s) ame if more than		of this member	number		
· ·	,			,				
RESIDENT	IAL ADDRESS (No	PO Boxes)	MAILIN	G ADDRESS	(If Different fr	om Residential)		
STREET		APT#	STREET		(	APT#		
CITY	STATE	ZIP	CITY	S	TATE	ZIP		
Do you have a GW	VFCU Visa or Maste	erCard?	YES	NC	)			
Would you like to reorder you current check style with your updated address? Starting Check Number:								
YES NO If yes please enter starting check number								
Under penalties of	perjury, I certify the	e information I provide	ed above is true			ny knowledge.		
Signature				EFFECTIV	E DATE			
X								
Please leave this form with a credit union representative or mail to either our Main Office  S.3811 Lake Shore Rd, Blasdell, NY 14219, or Branch Offices  351 E. Fairmount Ave. Lakewood, NY 14750  3995 Vineyard Drive, Dunkirk, NY 14048. This request cannot be processed without review of photo identification or signature comparison. NOTE** Changes to your address using this form will be updated on this member and/or associated joint owners only. Please fill out additional forms for any other member numbers affected by this address change. Information will <u>NOT</u> be forwarded to Human Resources; you must contact them directly to change your personnel records.								
FOR CREDIT UNI								
Taken by:	Date:	ID \	/iewed:	S	ignature compa	arison:		
Visa:	Master	Card:	Che	cks:				