



241 UNION STREET
 ROCKLAND, MA 02370-2308
 (800) 562-7328 (781) 878-0232
 Fax (781) 878-3646

ADDRESS CHANGE FORM

An address change form must be signed for every member who has moved whether they are the primary or joint account holder. This is to insure that each member's information is updated accurately.

 Name (Primary) _____
 RFCU Member Number

 Name (Joint) _____
 RFCU Member Number

 Previous Address _____
 City State Zip Code

 New Residential Address _____
 City State Zip Code

 Mailing Address if different than above _____
 City State Zip Code

 Home Phone Number _____
 Email Address

 Cell Phone Number _____
 Business / Fax Number

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 Seasonal / Alternate Address _____
 City State Zip Code

Seasonal address change only:
 Temporary (This season only)
 Permanent (Reoccurring until further notice)

Alternate address change only:
 Please provide the following information for only the account(s) to be changed. This is for mailing purposes only.

 Arrival Date

Account Type Account Number

 Return Date

(1) _____

 Seasonal Phone Number

(2) _____

(3) _____

Certification-Under the penalties of perjury, I certify that the information provided on this form is true, correct and complete.

 Primary Member's Signature Date

 Joint Member's Signature Date

Credit Union Use Only		
Taken By:		
Maintained By:		
Verified By:		
_____ Visa	_____ IRA	_____ Letter