



**CHANGE OF ADDRESS REQUEST FORM**  
PLEASE PRINT ALL INFORMATION

Date:	
Member Name:	
Prior Address:	
Prior Telephone Number:	
New Address:	
Mailing Address: (If different than Home Address)	
New Telephone Number:	Home:
	Business:
	Cell:
Account Numbers Requiring Address Change(Include Accounts You Are A Custodian On ):	
Best Telephone Number To Reach Member:	Best telephone number:
	Best time to call:
Is Address Change:	<input type="checkbox"/> Permanent
	<input type="checkbox"/> Seasonal Beginning _____ Ending _____
	<input type="checkbox"/> Alternate
Do You Have Any Of The Following?	<input type="checkbox"/> Bill Payment
	<input type="checkbox"/> Account with Bethpage Financial Service
	<input type="checkbox"/> Visa Credit Card (Please call 1-800-654-7728 to have your address updated)
	<input type="checkbox"/> Do You Want To Delete The Alternate Address On File

**Additional Documentation Is Required To Change Address**

- **Copy Of Current Driver's License**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions**

- Complete all sections of this form
- Fax completed form and copy of driver's license to: 1-516-871-8110
- Or
- Return form and copy of driver's license in the postage paid envelope provided to Bethpage Federal Credit Union, PO Box 127, Bethpage, NY 11714

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For Internal Use Only:  
Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_