

**CONSOL EMPLOYEES CREDIT UNION  
CHANGE OF ADDRESS FORM**

**PLEASE PRINT**

Effective Date \_\_\_\_\_

Member Number \_\_\_\_\_  
Name \_\_\_\_\_

N Address \_\_\_\_\_  
E City/State \_\_\_\_\_  
W Zip \_\_\_\_\_  
Home Phone # (\_\_\_\_\_) \_\_\_\_\_  
Cell # (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

O Address \_\_\_\_\_  
L City/State \_\_\_\_\_  
D Zip \_\_\_\_\_

Leaving Company YES \_\_\_\_\_ NO \_\_\_\_\_  
Loan with the Credit Union YES \_\_\_\_\_ NO \_\_\_\_\_  
Payment coupons requested YES \_\_\_\_\_ NO \_\_\_\_\_  
Do you have a Checking Account with the Credit Union YES \_\_\_\_\_ NO \_\_\_\_\_  
Do you have an ATM card with the Credit Union YES \_\_\_\_\_ NO \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use Only: Initial: \_\_\_\_\_ Date: \_\_\_\_\_ Address: \_\_\_\_\_ Checks: \_\_\_\_\_ ATM: \_\_\_\_\_  
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