

City of Boston Credit Union

Change of Address

Print this form, mail completed and signed form to City of Boston Credit Union, Room 242, City Hall, Boston, MA 02201 or fax to (617) 635-3168.

MEMBER INFORMATION (Please Print)

Member Number _____

First Name _____ Last Name _____ MI _____

OLD ADDRESS INFORMATION

Address _____ City _____ State _____ Zip _____

Phone Number _____ E-mail Address _____

NEW ADDRESS INFORMATION

Address _____ City _____ State _____ Zip _____

Phone Number _____ E-mail Address _____

Effective Date: _____

Member Signature: _____ Date: _____

