



CHANGE OF ADDRESS FORM

TO: Member Service Representative Department
Local 804 Federal Credit Union
44 South Bayles Avenue, Suite 204
Port Washington, NY 10050
718-878-4623 (FAX)
Info@cu804.org

FROM: \_\_\_\_\_ (Name of Member)

RE: Change of Address

My new address as follows:

LOCAL 804 FCU ACCOUNT NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_ (Street)

\_\_\_\_\_ (City) (State) (Zip)

NEW HOME PHONE: \_\_\_\_\_ (Area Code) (Number)

By checking below, you are you are authorizing Local 804 Federal Credit Union to share information with Local 804 IBT and/or Local 804 WTF, for the purpose of updating their records.

\_\_\_\_\_ Local 804 International Brotherhood of Teamsters

\_\_\_\_\_ Local 804 Welfare Trust Fund

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Local 804 Federal Credit Union

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date