

CHANGE OF ADDRESS FORM

TO: Member Service Representative Department  
Local 804 Federal Credit Union  
44 S Bayles Ave. Ste 204  
Port Washington, NY 11050  
718-878-4623 (FAX)  
[Info@cu804.org](mailto:Info@cu804.org)

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

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Last Four Numbers of Social Security Number: \_\_\_\_\_

Do you have a Local 804 Federal Credit Union Visa Credit Card Yes  No

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

ADDRESS: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

CELLPHONE: \_\_\_\_\_  
(Number)

By checking below, 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

**For Internal Review Below:**

Members Email: \_\_\_\_\_ Account # \_\_\_\_\_