

**Suffolk VA City Employees Federal Credit Union
Change of Address Request**

Member Name: _____ **Account Number(s):** _____
(Please list all accounts for which this change applies.)

Home Phone: _____ **Work Phone:** _____

MAILING ADDRESS

Street: _____

City/State/Zip: _____

RESIDENCE (if different than mailing address)

Street: _____

City/State/Zip: _____

Please change my mailing address to the address listed above.

Signature: _____ **Date:** _____