



2998 CHILI AVE, ROCHESTER, NEW YORK 14624
 585-247-0724 Fax 585-247-0729
www.spxfcu.org

Change of Address Form

DATE: _____

Please list ALL names of persons address change to:

Name(s) _____ **Account #** _____
 _____ **SS#** _____

OLD Address _____

NEW Address _____

NEW Home Phone # _____
Cell # _____
Work # _____

Debit Card# _____

Credit Card# _____

ATM Card# _____

IRA# _____

Signature of Member _____

Credit union Use Only:

	Verified Signature	Insight	IRA	Bill Pay	Debit/ATM	Credit Card
Initial						
Date						