



## CHANGE OF ADDRESS FORM

Member Name \_\_\_\_\_

Account Number \_\_\_\_\_

### OLD ADDRESS

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### NEW ADDRESS

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

This change applies to the following accounts (please check appropriate boxes):

Savings/Loan Accounts

ATM/Debit Card

VISA® Credit Card

IRA

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

**To protect your privacy and maintain the security of your account we require a members' signature for all address changes. Please mail completed form to:**

**Lawrence Memorial Credit Union  
365 Montauk Avenue  
New London, CT 06320**