

**Change of Address Form**

**Name** \_\_\_\_\_ **Account Number** \_\_\_\_\_

**New Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Home Ph. Number:** \_\_\_\_\_ **Business Ph. Number:** \_\_\_\_\_

**Old Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Home Ph. Number:** \_\_\_\_\_ **Business Ph. Number:** \_\_\_\_\_

**Additional Account Numbers (Owned):** \_\_\_\_\_

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

\_\_\_\_\_  
**Date**

**Forward to: PAFCU, 125 Wireless Blvd, Hauppauge, NY 11788**

Phone: (631) 434-3500

Fax: (631) 434-6652