

**CHANGE OF ADDRESS FORM**

**Please Print**

Account # \_\_\_\_\_

Name \_\_\_\_\_

Previous Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**New Mailing Address**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

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

\_\_\_\_\_  
**Authorized Signature of Member**

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

Must attach a copy of a valid drivers license or ID

Please fax completed form to:  
Rutgers University Student & Alumni Federal Credit Union  
Fax: (732) 932-7968