

Change of Address Form

Date: _____

Name: _____ Account #: _____

New Address:

Street: _____ P. O. Box: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Cell #: _____

Old Address:

Street: _____ P. O. Box: _____

City: _____ State: _____ Zip: _____

Signature: _____

Important: When you have your address changed on your Driver's License at DMV, please mail us a copy so that we can attach it to this Change of Address Form. Mail to: Wor-Co Federal Credit Union, P.O. Box 58, Pocomoke City, MD 21851

Thank you.

C. U. Office Use:

Computer: _____

White Card: _____

Initials: _____