



## CHANGE OF ADDRESS FORM

***Due to changes in European Union regulations, if you are relocating to a country in the European Union you will not be able to maintain your accounts at Princeton Federal Credit Union.***

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Permanent       Temporary Dates: \_\_\_\_\_ - \_\_\_\_\_

***If you are changing to a PO BOX mailing address then a physical address must be provided.***

|         |                                   |                                 |
|---------|-----------------------------------|---------------------------------|
| ADDRESS | <input type="checkbox"/> PHYSICAL | <input type="checkbox"/> PO BOX |
| CITY    |                                   |                                 |
| STATE   |                                   |                                 |
| ZIP     |                                   |                                 |
| CELL    | HOME                              | EMAIL                           |

Will this change be applied to other accounts you are associated with? If so, list other account(s):

Acct# \_\_\_\_\_ Acct# \_\_\_\_\_

Acct# \_\_\_\_\_ Acct# \_\_\_\_\_

**Signature:** \_\_\_\_\_

A copy of your **unexpired ID** must be submitted with this address change request.

Fax: (609) 919-0870 | Email: [memberservice@princetonfcu.org](mailto:memberservice@princetonfcu.org) | Mail: 774 Alexander Road, Princeton, NJ 08540

|                           |                    |                  |
|---------------------------|--------------------|------------------|
| For credit union use only |                    |                  |
| Type of ID: _____         | Verified By: _____ | Date/Time: _____ |