



Address Change Notice

Member Name: _____

Member Number(s): _____

Current Information

Physical Address: _____

City/State/Zip: _____

Mailing Address: _____

City/State/Zip: _____

Primary Phone: _____ Work Phone: _____

Email Address: _____

Previous Information

Physical Address: _____

City/State/Zip: _____

Mailing Address: _____

City/State/Zip: _____

Primary Phone: _____ Work Phone: _____

Email Address: _____



Member Signature

Date

**Return to: BFG FCU
445 South Main Street
Akron, OH 44311**

Credit Union Use Only:

Notify Plastic Card Department:

Employee: _____ Date Updated: _____ Verified By: _____