



Change of Address Notification

You may change your address through the Secured Forms feature of PB24 Online Banking, without completing this form and no signature is required.

Please print this form and **complete each section including your signature**. Please scan and email to memberservices@pbefcu.net, fax it to **475-445-1991**, mail it to **27 Waterview Drive (27-1A) Shelton CT 06484**, or drop it off at one of our Credit Union branches.

If you have any questions please call our **Member Services Team** at **800-356-5965**.

Member Name	Member Number		
If the address you are changing is associated with another member number, please list that account number on this form (i.e. your child's account). The form signer must be listed as an owner or joint owner on the membership account and all subaccounts in order for the change of address request form to be processed for the accounts listed below.			
# _____ # _____ # _____ # _____ # _____			
New Street Address (please include Apartment or Unit #)			
City	State	Zip	
Home Number	Work Number	Mobile Number	Other
E-mail address			
Signature		Date	

Office Use Only:

Processed by:				Date:	
Signature Verified	Spectrum Changed	VISA Card Changed	IRA Direct Changed	Bill Payment Changed	ATM Debit Card Changed
Y <input type="checkbox"/> or N <input type="checkbox"/>	Y <input type="checkbox"/> or N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>

☐ Remove Mail Block Memos. ☐ Scan completed form under G:Address Changes & Mail Blocks/"Year" Change of Address Scan.