

# CHANGE OF ADDRESS REQUEST



**Lisbon Community  
Federal Credit Union**

*Building Futures. Preserving Dreams.*

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ACCOUNT NUMBERS: \_\_\_\_\_

NEW MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEW PHYSICAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEW PHONE NUMBER: \_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ANY OTHER ACCOUNTS/LOANS AFFECTED BY THIS CHANGE:

_____	_____
_____	_____
_____	_____
_____	_____

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE MAIL THIS FORM TO: PO BOX 878, LISBON, ME, 04250  
OR FAX THIS FORM TO: 207-353-7615**

Credit Union Use Only

CHANGED BY:

NAME FILE (under Properties - Member)	_____
CLIENT WORKSTATION (If Member has VCC or ATM)	_____
IRA DIRECT (If Member has an IRA)	_____
COMAKER LOAN (right click & update)	_____
HARLAND CLARKE (If Member has an checking account)	_____
CARD SERVICES (If Member has an VISA)	_____
RED FLAG ALERT (message on screen)	_____

**\*Once changes have been made, file in Member's folder**