

To protect your privacy and identity,
Credit Union mail will not forward.

Change Of Address Request For:

Your Account No. (s) _____

Your Name (s): _____

Old Address: _____

*New Address: _____
(Street) (Apt #)

(PO Box) (City/State/Zip)

New Phone #: _____

Signature: (required) _____
Must Be Signed By Member and/or Joint Member

Effective Date: _____

* If using a PO Box, your physical address is required.

You can fax this to: 585.344.2383
Tonawanda Valley Federal Credit Union
PO BOX 398
Batavia, NY 14021