



PO Box 20147, Lehigh Valley, PA 18002-0147
Phone: (800) 821-5104 Fax: (610) 706-7100

Address Change

Please use this form whenever you have an address, telephone, or email address change. To activate your change(s), please complete and sign this form and return to the address above. You can also change your address electronically through APCIRCUIT® PC Home Banking Service. We appreciate your help in updating our records.

	XXX-XX-	
Name	Account No.*	Social Security No.
<hr/>		
Select One:	<input type="checkbox"/> Primary Member Only	<input type="checkbox"/> Joint Owner Only
		<input type="checkbox"/> All Account Owners

* Please list all other account numbers to be updated

New Mailing Address: (Street or PO Box, City, State, Zip)

New Physical Address - Required for PO Box ONLY: (Street, City, State, Zip)

Old Mailing Address: (Street, City, State, Zip)

_____ **Select One:** **Cell** **Home** **Work**
Primary Phone Number (A cell phone number is suggested for the Primary Phone Number so that you can be contacted regarding your account while traveling or away from home.)

_____ **Select One:** **Cell** **Home** **Work**
Secondary Phone Number

Email Address: (non-Air Products preferred)

Air Products Employees: Please remember that the Air Products address should not be used as your Credit Union mailing address. Also, address changes must be entered into the Employee Self Service section of APPortal. (The Air Products system is entirely separate from the Credit Union.) Incomplete forms will be returned.

Signature

Date

CREDIT UNION USE ONLY	
<input type="checkbox"/> Verified signature <input type="checkbox"/> Photo ID <input type="checkbox"/> Confirmed change via phone/email	Date docs mailed: _____ Date system changed: _____ Teller initials: _____