



## Change of Address

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Account # (s): \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Street Address\*: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Is this change for all joint owners? Yes \_\_\_ No \_\_\_ If no, who should not be changed? \_\_\_\_\_

Signature \_\_\_\_\_

**All information on this form must be completed in order to effect a change of address. By signing this form I am authorizing NorthStar Credit Union to change my address as it appears above on all of my NorthStar accounts.**

### Alternate Address

*If a P.O. Box is listed above please provide your residential street address below.*

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### *NorthStar* office use only

Sig. Checked   
  Account(s) Changed   
  IRA Changed   
  Main Street   
  VISA  
 Spectrum

By: \_\_\_\_\_ By: \_\_\_\_\_ By: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_