



## Change of Address Form

Changes of Address must be signed by the primary owner of the account.  
Please complete both sections of the form and fax to 518-452-9065 or mail to:  
Directors Choice Credit Union, 426 New Karner Road, Albany NY 12205

### Old Address:

Street or PO Box: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### New Address:

Street or PO Box: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Account number:** \_\_\_\_\_

**Member's Name:** \_\_\_\_\_

*(Please Print)*

**Member's Signature:** \_\_\_\_\_

*(Please sign)*

**Date:** \_\_\_\_\_