Dutch Point CHAI	NGE OF ADDRES		E - C(	OMPLETE <b>ALL</b> INFORM	ЛАТ	ION - Plea	se print cle	early	/.	Form 364-8/	
Primary Member's Name				Account Number					Date of Birt	h	
Additional Dutch Point Account # to Change				My Visa Credit Card (Last Four Digits)					Cell Phone ( )		
Additional Dutch Point Account # to Change				Email Address							
Employer Name	Name Work Phone ( )			Joint Owner's Name					Joint Owner's Date of Birth		
Change Joint Owner's Address Yes No				Joint Owner's Address							
Old Address - Street	sss - Street Apt/Unit				State	Zip + 4					
NEW MAILING ADDRESS *	SS * Apt/Unit # Cit			State				Zip + 4			
* Street Address if different from mailing address:	nailing address: Apt/Unit #		<sup>‡</sup> City			State	Zip + 4		Home Phone ( )		
Member's Signature (Required)									ective Date of Change		
	1	1	CRED	IT UNION USE			1				
Member Identification	Verified by Teller #			Completed by Teller #	Date		Visa by Teller #			Date	

Dear Member,

Please use this form if you have changed your mailing address and/or phone numbers. By providing a cell phone number, you understand and agree that Dutch Point and its affiliates may use that number to service any of your accounts using an automated dialer or leaving a pre-recorded message.

<u>Actual street address is required if it is different from the mailing address.</u> Dutch Point does not forward account statements or VISA statements.

To avoid delayed mail regarding your account(s) and to avoid an incorrect address fee for returned mail, please complete all information, sign, and return to us as soon as possible.

For more information, contact our Member Service Department at 860-563-2617 extension 4249, or toll-free at 800-842-1778.

Thank you for your cooperation.

Dutch Point Credit Union Records Management Department 195 Silas Deane Highway, Wethersfield, CT 06109-1240 860-563-2617 / 800-842-1778