

**Patent & Trademark Office Federal Credit Union  
Member Address Change Request**

Member Name:

Primary Share Account #

Visa Account:    Yes         No

Check Card/ATM Card:    Yes         No

Effective Date:

Home Phone:

Work Phone:

**OLD ADDRESS:**

**NEW ADDRESS:**

Today's Date:

**This section to be completed by PTOFCU.**

Method used to verify member identity:

Picture ID     Signature     e-mail     Other

Signature Of Employee Verifying Identify:

Date:

|          | <input type="checkbox"/> | Initial Of Employee Making Changes | Date Changed |
|----------|--------------------------|------------------------------------|--------------|
| ATM      |                          |                                    |              |
| VISA     |                          |                                    |              |
| CMC/Flex |                          |                                    |              |