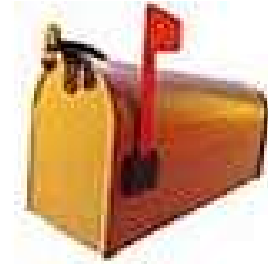


CAPE Credit Union

Change of Address Form



Name: _____

Account Number(s): _____

Daytime Phone Number: _____

Old Address

New Address

Signature: _____

Date: _____