

Change of Address Form



First Name: _____ Last Name: _____

Account #: _____ SS# _____ (only last 4 digits)

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email Address: _____

Old Address
Address: _____
City _____ State _____ Zip Code: _____

New Address
Address: _____
City _____ State _____ Zip Code: _____

Signature: _____ Date: _____

Please mail or fax completed and signed form to:
CAPE Federal Credit Union
323 East Pike Street
Clarksburg, WV 26301
Fax: 304-622-3407

Office Use Only
Core System: _____
Credit Card: _____
Debit Card: _____
Liberty Checks: _____
IRA: _____