



NOTICE OF CHANGE OF ADDRESS

I **AUTHORIZE** the following change of address on my Bridge Credit Union accounts.

MEMBER INFORMATION:

Name: _____

Account Number: _____

Social Security #: _____ Date: _____

PREVIOUS ADDRESS:

Street Address _____

City _____ State _____ Zip Code _____

CURRENT ADDRESS:

Street Address _____ Effective Date _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ Work Phone (_____) _____

Email Address _____

Signature **X** _____ Date _____

Fax this form to 614.466.5118, email to memberinfo@bridgecu.org, or mail/drop off at our office.

Bridge Credit Union, Inc., 1980 W. Broad Street, Mail Stop #0000, Columbus, Ohio 43223

Email is not a secure form of communication. If you are emailing this form, use ONLY the last two numbers on your account.

FOR OFFICE USE ONLY	NECESSARY Y/N	DATE COMPLETED	TELLER #
Member File Maintenance	YES		
Checking Account Debit Card Update			
Bill Pay			
VISA			
IRA			

Bridge Credit Union, Inc.

