

**ST. VINCENT'S MEDICAL CENTER**  
**FEDERAL CREDIT UNION**  
2800 MAIN STREET  
BRIDGEPORT, CT 06606  
PHONE (475) 210-5588 FAX (475)210-5855

**CHANGE OF ADDRESS**

If you have moved or are planning to move in the near future, please print this form, complete it, sign and mail or fax it to the Credit Union at (475) 210-5855, St. Vincent's Medical Center Federal Credit Union, 2800 Main Street, Bridgeport, CT 06606.

**Account Number** \_\_\_\_\_

Member Name: \_\_\_\_\_ Effective Date \_\_\_\_\_

**OLD ADDRESS AND PHONE NUMBER**

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**NEW ADDRESS AND PHONE NUMBER**

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

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Member Signature

Date

**ALL CHANGE OF ADDRESS FORMS ARE SUBJECT TO IDENTIFICATION  
VERIFICATION AND/OR MEMBER SIGNATURE CARD VERIFICATION**

