



# Somerville's Credit Union

Paula Gartland  
*President*

Donetta Burgess  
*Treasurer*

Steve MacEachern  
*Vice President*

Joan Shute  
*Secretary*



## Change of Address Form

Date: \_\_\_\_\_

Account #(s): \_\_\_\_\_

Name: \_\_\_\_\_

Old Address: \_\_\_\_\_

\_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

### STAFF USE ONLY

Please check the applicable boxes and forward a copy to the applicable departments.

IRA     Virtual Branch     Debit Card

Teller: \_\_\_\_\_