

LEBANON FEDERAL CREDIT UNION  
CHANGE OF ADDRESS

\*Please deliver this form, in person with current picture ID, to one of our offices.

\*Or you can mail it, ATT: Address Dept., but it must be **notarized**.

\*Or you can fax it to: 717-272-6045, but it must be **notarized**

**If your mailing address is a Post Office box number, we also require your physical address for our information.**

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

Account Number(s): \_\_\_\_\_

Daytime Phone Number: ( ) \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF \_\_\_\_\_

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, before me  
\_\_\_\_\_, the undersigned officer, personally appeared  
\_\_\_\_\_, known to me (or satisfactorily proven) to be the person \_\_\_  
whose name\_\_ \_\_\_\_\_ subscribed to the within instrument, and acknowledged that \_\_he\_\_ executed the  
same for the purposes therein contained.

In witness whereof,  
I hereunto set my hand and official seal.

\_\_\_\_\_  
NOTARY PUBLIC

CREDIT UNION USE ONLY

( ) ACCT FILE UPDATED

( ) VISA FILE UPDATED

( ) IPAT/ESTATEMENTS/BILL PAYER FILE UPDATED

EMPLOYEE INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

( ) ATM/DEBIT CARD FILE UPDATED

( ) CHECK ORDER FILE UPDATED