



**METROPOLITAN**  
SERVICES CREDIT UNION

**Change of Address Verification Form**

Member name \_\_\_\_\_ Account # \_\_\_\_\_

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

New address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date change takes effect \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_