



Change of Address for Seasonal Residency

Member Name: _____

Account Number: _____

I hereby request that my addresses be changed to reflect my seasonal residency during the year.

Permanent Address:

Street Address _____

City _____

State _____ Zip _____

Seasonal Address:

Street Address _____

City _____

State _____ Zip _____

Start Date: ____/____/____

End Date: ____/____/____ (After this date mail will resume to the Permanent address listed above)

I understand and agree that all of my future statements and other correspondence will be mailed to the above state addresses during the time frames indicated above, unless another change of address form is completed and signed by me and is delivered to Belle River Community Credit Union.

Signed: _____ Date: _____