

Change of Address Form

Dear Member:

When you move, we do not receive your new address from your employer or your Payroll Department. To change your address with us, you must do one of the following:

- **In person** – stop by your branch office and complete this form
- **Via Post Office** by using the U.S. Post Office Change of Address Form
- **Online Banking Site:** use our secured Address Change Form (3rd Menu Group – last item)
- **Use this form:** Complete the below form, sign, and mail to your branch office (or bring in to your branch office).

*Note: Your signature is required on this form. We **cannot** change an account's address of record without the signature of the primary member on the account. Telephone requests are not permissible.*

Name:		Acct#:	
Old Address:		New Address:	
Street:		Street:	
City/State/Zip:		City/State/Zip:	
Best way to reach you during office hours:		Telephone: _____	
		Email: _____	
Signature:		Print Name:	

To Mail: Send completed/signed form to your branch office at: Health Employees Federal Credit Union

Albany Medical Center
43 New Scotland Ave MC-31
Albany, NY 12208

Ellis Hospital
1101 Nott Street
Schenectady, NY 12308

Ellis Health Center
400 McClellan St.
Schenectady, NY 12308

St Peter's Hospital
315 So Manning Blvd
Albany, NY 12208