

Change of Address Form

Please Mail or FAX this form to the credit union.

NSP St. Paul Credit Union
825 Rice Street
Saint Paul, MN 55117
24 hour confidential FAX (651) 229-5544

Member Number _____

Member Name _____
Last Name First M.I.

Old Address _____

City State Zip Code

New Address _____

City State Zip Code

Effective Date _____

New Phone Number _____

Related Member Numbers _____
(ie. children, spouse, etc...)

Signature _____ **Date** _____

Please contact the credit union with any questions
(651) 229-2221 or (651) 714-6391

| |
|---|
| For Office Use Only |
| Changed by Teller # _____ Initial _____ |
| Date Changed _____ |