

**Bridgeport Police Federal Credit Union**  
3590 Main Street · Bridgeport, CT 06606

**Required Change of Address Form**

Account #: \_\_\_\_\_

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

**Old Address**

**New Address**

Street:

Street:

\_\_\_\_\_

\_\_\_\_\_

Town/City:

Town/City:

\_\_\_\_\_

\_\_\_\_\_

Zip:

Zip:

\_\_\_\_\_

\_\_\_\_\_

Home Phone:

Home Phone:

\_\_\_\_\_

\_\_\_\_\_

Cell Phone:

Cell Phone:

\_\_\_\_\_

\_\_\_\_\_

Email:

Email:

\_\_\_\_\_

\_\_\_\_\_

***This form is only valid if witnessed by a Bridgeport Police Federal Credit Union employee/officer or Notary Public and proper ID information is recorded.***

State of \_\_\_\_\_

County of \_\_\_\_\_

Town/City \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
before me, \_\_\_\_\_,

personally appeared \_\_\_\_\_,  
known to me and/or satisfactorily proven to be  
the person whose name is subscribed to the  
within instrument and acknowledged that he or  
she executed the same for the purpose therein  
contained. **(Be sure to record required ID info)**

\_\_\_\_\_  
**Member Signature**

**Date**

\_\_\_\_\_  
**Credit Union Witness**

**Date**

**Acceptable form of ID:** Unexpired US  
driver's license or ID card; or unexpired  
govt-issued ID evidencing nationality or  
residence and bearing a photo or similar  
safeguard. **(Required)**

Type of ID: \_\_\_\_\_

State/Country of issue: \_\_\_\_\_

ID#: \_\_\_\_\_

Expiration date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Notary Public**

Date Commission Expires: \_\_\_\_\_

Seal: