PTO FCU

Patent and Trademark Office Federal Credit Union

Member Information

Member's Name _____

Customer ID / Account Number: _____

Contact Number: _____

Email Address: _____

Previous Address

Street Address: _____

City: _____ State/Province: _____ Zip Code: _____

Country: _____

New Address

Street Address: _____

City: _____ State/Province: _____ Zip Code: _____

Country: _____

Effective Date of Address Change: _____

Reason for Address Change

Member Declaration

I confirm that the information provided in this form is true and correct.

Customer Signature: _____

Date: _____

Manager Approval

Manager Name: _____

☐ Approved

☐ Rejected

Manager Signature: _____

Date: _____

PTOFCU Office Use Only

Received By: _____

Date Processed: _____

Verified Documents and scanned ☐ Yes ☐ No