



# CHANGE OF ADDRESS FORM

Please submit completed form to a local branch, email to [memberservice@firstpeoples.com](mailto:memberservice@firstpeoples.com), fax to 301-759-3529 or mail to PO Box 5149, Cresaptown, MD 21505-5149.

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

Member #(s): \_\_\_\_\_

Email address: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

Old Address: \_\_\_\_\_

Street/PO Box

City

State

ZIP Code

**NEW MAILING ADDRESS:** \_\_\_\_\_

Street/PO Box

City

State

ZIP Code

**\*NEW PHYSICAL ADDRESS:** (Physical Address Required - No PO Boxes)

\_\_\_\_\_

Street/PO Box

City

State

ZIP Code

## **NEW PHONE**

Home: \_\_\_\_\_

Work: \_\_\_\_\_ ext. \_\_\_\_\_

Mobile: \_\_\_\_\_

*\*required for all account owners*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **FOR FINANCIAL INSTITUTION USE ONLY**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FICS

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