



Somerville's Credit Union

Paula Gartland
President

Donetta Burgess
Treasurer

Steve MacEachern
Vice President

Joan Shute
Secretary



Change of Address Form

Date: _____

Account #(s): _____

Name: _____

Old Address: _____

New Address: _____

Phone #: _____

Signature: _____

STAFF USE ONLY

Please check the applicable boxes and forward a copy to the applicable departments.

☐ IRA ☐ Virtual Branch ☐ Debit Card

Teller: _____