



# CHANGE OF ADDRESS

Please mail or FAX this form to:

NSP St. Paul Credit Union  
825 Rice Street  
St. Paul, MN 55117  
24 hour confidential fax: 651.229.5544

Member Number \_\_\_\_\_

Member Name \_\_\_\_\_  
*Last First MI*

Old Address \_\_\_\_\_  
\_\_\_\_\_  
*City State Zip*

New Address \_\_\_\_\_  
\_\_\_\_\_  
*City State Zip*

Effective Date \_\_\_\_\_  
*(ie. children, spouse, etc.)*

New Phone Number \_\_\_\_\_

Related Member Numbers \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please contact the credit union with any questions.  
651.229.2221

For Office Use Only

<p>Changed by Teller # _____ Initial _____</p> <p>Date Changed _____</p>
--