

Change of Address Request

Member Name: _____

Account Number: _____

Old Address: _____

New Address: _____

(Street)

(city)

(state)

(zip)

Cell/ Home Phone: _____ Work Phone: _____

E-mail address: _____

Check if you have any of the following with Bethlehem 1st:

VISA Credit Card

IRA Account

Intructions: In order to change your address, please complete this form and sign. Then, mail, fax, e-mail or bring the completed form to our office.

Signature: X _____

Date _____

B1st Initials: _____



Ph: 610-691-0041

Fx: 610-691-8624

service@beth1st.org

www.beth1st.org

