



**DELIVERING SERVICE TO YOU SINCE 1929**

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**CHANGE OF ADDRESS/PHONE NUMBER FORM**

**Please print all necessary information and sign this form.**

NAME: \_\_\_\_\_

ACCOUNT NO.: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**P.S. PLEASE SEND IN A COPY OF YOUR DRIVER'S LICENSE OR  
VALID I.D.**



**AMERICAN SHARE INSURANCE**

Your savings insured to \$250,000 per account. By members' choice, this institution is not federally insured.