

Return this form to: Dale Bryant, Treasury Services, WNCC, PO Box 2757, Huntersville, NC 28070

CHANGE OF ADDRESS FORM

FOR

PENSION, PPC, WNCC-HEALTH BENEFITS, STANDARD & TSPD

Name: _____

New Charge (including District): _____

New Home/Parsonage Address:

Street

City, State, ZIP

New Home Phone Number: _____

New Cell Phone Number: _____

New Church Phone Number: _____