

CHANGE OF ADDRESS FORM

NEW ADDRESS INFORMATION

PRIMARY INFORMATION

Name:

New Address:

City: State Zip:

Home #: Work #: Cell #:

Email Address:

JOINT OWNER INFORMATION (IF APPLICABLE)

Home #: Work #: Cell #:

Email Address:

ACCOUNT #: _____

By signing below, you certify that the information is complete, true, and submitted for the purpose of updating contact information.

SIGNATURE OF MEMBER

DATE

Note: If you have moved, we need a change of address form filled out. Any time you move or change your address, we need to know so you can get your mail, as well as for security purposes. We do not accept changes done by the post office. If your mail is returned, there is a \$5.00 return mail fee charged to your account.

PLEASE REMEMBER: IF YOU HAVE A DEBIT OR CREDIT CARD AND DO NOT CHANGE YOUR ADDRESS, IT COULD CAUSE YOUR CARD/CARDS NOT TO WORK.

FOR CREDIT UNION USE ONLY

Processed By _____ Date _____