

Address Change Request Form

Member Name(s): _____
(Please print)

Account Number(s): _____

Old Address: _____
Physical street address and PO Box

City State Zip Code (+4 digit if known)

New Address: _____
Physical street address and PO Box (NOTE: Physical street address is necessary for our files)

City State Zip Code (+4 digit if known)

New E-mail Address: _____
(if applicable)

New Phone #'s: (_____)_____-_____(H)

(_____)_____-_____(W)

Special mailings are sent periodically to members listed as the *head-of-household*. The *head-of-household* is typically the person working for the sponsor company and is listed to receive these mailings. Spouses and children do not receive these mailings. Who should be listed in your household as *head-of-household*? (NOTE: If there are two sponsor company employees in the same household **only one** can be listed as *head-of-household*.)

(Please Print)

I understand that all credit union mail will continue to be sent to my "old" address until this written and signed notification is received by the credit union.

X _____
Signature Date

-----OFFICE USE ONLY-----

	<u>Account</u>	<u>Date</u>	<u>Staff Initials</u>
Master Account	_____	___/___/___	_____
Visa Account	_____	___/___/___	_____
Special mailings Mail=P in A		___/___/___	_____

Check Co-maker address (CM) if member has a loan. The Co-maker address may be different than the Primary. If so let loan department know.