

*Member owned. Member focused.*

## MEMBER CHANGE OF ADDRESS

(Please Print Legibly)

### OLD ADDRESS

Member Name: _____	Account Number: _____
Physical Address: _____	SSN: _____
Mailing Address: _____	Home Phone: _____
City, State, Zip: _____	Other Phone: _____

### NEW ADDRESS

Physical Address: _____	Home Phone: _____
Mailing Address: _____	Business Phone: _____
City, State, Zip: _____	Cell Phone: _____
	Email: _____

### LIST ALL ACCTS REQUIRING ADDRESS CHANGE

Primary Account #: _____	Other Account #: _____
Secondary Account #: _____	Other Account #: _____
<input type="checkbox"/> CHANGE PRIMARY MEMBER ONLY	_____
<input type="checkbox"/> CHANGE PRIMARY & ALL JOINT OWNERS	_____

### CU PRODUCTS & SERVICES

Bill Pay Service: <input type="checkbox"/> YES <input type="checkbox"/> NO	I.R.A.: <input type="checkbox"/> YES <input type="checkbox"/> NO
Mortgage Loan: <input type="checkbox"/> YES <input type="checkbox"/> NO    Loan # _____	_____

I hereby authorize Fresno County Federal Credit Union to modify my address for the account(s) indicated above.

\_\_\_\_\_  
*Member Signature*

\_\_\_\_\_  
*Date*

### FOR CREDIT UNION USE ONLY

Request Received at/by:	
<input type="checkbox"/> Airport <input type="checkbox"/> Downtown <input type="checkbox"/> Northwest <input type="checkbox"/> Cedar/Nees <input type="checkbox"/> West Shaw <input type="checkbox"/> Member Service <input type="checkbox"/> By Fax	
Emp. Name/TLR#: _____	Date Accepted: _____
<b>ID VERIFICATION METHOD:</b>	
<input type="checkbox"/> Driver's Lic./ID#/Exp: _____ State Issued: _____ <input type="checkbox"/> Signature Card	
<input type="checkbox"/> Other: _____	
System Changed by:	
Emp. Name/TLR#: _____	Date Processed: _____
Modify Mail Code: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remove Stop #6: <input type="checkbox"/> Yes <input type="checkbox"/> No