

MEMBER ADDRESS CHANGE REQUEST

Fill out this form, sign and return it either by person, fax, email or mail to **Chattahoochee Federal Credit Union**, hereinafter called (CFCU). A confirmation of your address change will be mailed to both your old and new address as a means of protecting your identity. Please allow two (2) business days for processing.

Please call CFCU with any questions you may have regarding your address change request at: **(334) 756-7027**

MAIL: Chattahoochee FCU Member Service
P.O. Box 8
Valley, AL 36854

FAX: (334) 756-7542

Name _____ Date _____

Social Security # _____ Driver's License # _____ State _____
& Expiration Date _____

Account Number(s) _____

Home Phone _____ Work Phone _____

E-mail Address _____ Cell Phone _____

New Physical Address

Address _____

Apt./Suite# _____

City _____ State _____

Zip Code _____

New Mailing Address (if different than physical)

Address _____

Apt./ Suite# _____

City, State _____ State _____

Zip Code _____

Services

If joint account, will this request apply to all account holders? *(If yes, joint signature required)* Yes No

Do you currently have a debit card with CFCU Yes No

Member's Signature _____

Joint Signature _____

FOR STAFF USE ONLY		ID Number, and Expiration of Identification Presented	Dr Lic ___ Passport ___ Military ___ ID # _____ State _____ EXP _____
Date Input		Employee's Initial & System #	
Date Verified		Employee's Initial & System #	
Update: Statement mail code _____ Remove Comments _____ Remove warnings _____			
Letter to New and Old Address ___/___/___			Passthru <input type="checkbox"/> IRA _____