Address Change

By Filling out this form, I give AFCU permission to make these changes to the information on my account:

Member Number: _____ Date: _____

Name: _____ Business Name(if applicable): _____

Previous Address: _____

City/State/Zip Code: _____

New Mailing Address: _____

City/State/Zip Code: _____

Alternate Address: _____

*if you have a P.O. box or Route as your mailing address, please provide alternate address with specific road location

City/State/Zip Code: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____

Email Address: _____

Identification Verified: _____

By Signing below, I certify the above information is correct and may be updated on my AFCU membership:

Signature: _____ Date: _____

Print Name: _____

CU USE ONLY - DUAL CONTROL PROCESS, TWO SIGNATURES REQUIRED

Processed by: _____ Date Entered: _____

Verified by: _____