



Address Change Form

Member Name _____

Please change address on the following account(s):

_____, _____, _____, _____

***Please note that you must be a primary or joint owner on an account to request a change of address.*

Primary Address

Street _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Alternate Address

Street _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Recurring Seasonal Address _____ One-Time Seasonal Address _____ Other _____

I authorize Community Focus Federal Credit Union to change the address on the above account(s):

Member Signature _____ Date _____

For office use only:

Change taken by: _____ Date _____

Demographics _____ Visa _____ IRA _____ Harland _____ Bill Pay _____ eTeller _____ Ret Stmt _____

Notes _____

Verified by _____ Teller # _____ Branch _____