



345 S. Magnolia Dr., Suite F-1
 Tallahassee, FL 32301
 Fax: 850-402-5334

CHANGE OF ADDRESS

I request the following change(s) be made to my account(s) effective the first business day this request is received by the credit union.

Name:	Member Account Number:
Address:	
City, State, Zip:	
Home Phone:	Work Phone:
Email Address:	Cell Phone:

Other Accounts Effected:	

I have the following card(s) with the credit union:

Debit Visa

I agree to pay any return mail fees or additional postage due as a result of inaccurate information in my file.

_____ **Member Signature**

_____ **Date**

Internal Use Only	Sent/Requested Via: <input type="checkbox"/> Mail <input type="checkbox"/> Facsimile <input type="checkbox"/> In Person	
	_____/_____/_____ Date Received	_____ Date of Premier Change
		_____ Date of Debit Change
		_____ Date of Visa Change
	_____ Employee Initials and Teller No.	_____ Employee Initials and Teller No.
	_____ Employee Initials and Teller No.	_____ Employee Initials and Teller No.