



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.

<b>Name:</b>	<b>Member Account Number:</b>
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Home Phone:</b>	<b>Work Phone:</b>
<b>Email Address:</b>	<b>Cell Phone:</b>

<b>Other Accounts Effected:</b>	

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**

<b>Internal Use Only</b>	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.