

**CHANGE OF ADDRESS FORM**

Effective Date: \_\_\_\_\_

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_

N Address: \_\_\_\_\_

E City/State \_\_\_\_\_

W Zip \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_

O Address \_\_\_\_\_

L City/State \_\_\_\_\_

D Zip \_\_\_\_\_

Leaving Company YES \_\_\_\_\_ NO \_\_\_\_\_

Loan with the Credit Union YES \_\_\_\_\_ NO \_\_\_\_\_

Payment coupons requested YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have a Checking Account with the Credit Union YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have an ATM card with the Credit Union YES \_\_\_\_\_ NO \_\_\_\_\_

*(Change on Harland Clarke & STAR System)*

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_