

CHANGE OF ADDRESS FORM

PLEASE PRINT LEGIBLY ACCOUNT# DATE: Please list all account numbers needing the ACCOUNT# address changed. ACCOUNT# Unless otherwise indicated below*, this form will change only the primary member's address on the above listed account(s) and any account(s) on which they are co-borrower. *FOR MULTIPLE PARTY ACCOUNTS PLEASE CHANGE THE ADDRESS OF ALL INDIVIDUALS WHO CURRENTLY HAVE THE SAME MAILING ADDRESS. (NOTE: THIS WILL CHANGE THAT INDIVIDUAL'S ADDRESS ON ALL ACCOUNTS THEY ARE ON.) NAME _____ OLD MAILING ADDRESS _____ CITY STATE ZIP ------ CHANGE ADDRESS TO ------NEW MAILING ADDRESS _____ CITY STATE ZIP PLEASE CHECK ONE: OWN RENT OTHER Your mail can be sent to a PO Box address, but Federal regulations require that we have a physical address on each member. If the address above is a PO Box, this section must be completed. PHYSICAL ADDRESS _____ CITY STATE ZIP WORK PHONE ______ for _____/ _____ for ______ CELL PHONE for / for EMAIL ADDRESS ______ for _____ EMAIL ADDRESS ______ for _____ MEMBER SIGNATURE EMPLOYEE NAME (& TELLER #) Updated address for ECU MASTERCARD CREDIT CARD: \square YES \square N/A Updated address for ECU BILL PAY: YES N/A