

## **Change of Address Form**

This request is to update the address(es) associated with your account. If your mailing address is a Post Office box number, we also require a physical address for your account information. Complete all fields, sign and return to the credit union. You may mail this completed form to PO Box 20040 Charleston, WV 25362 but may also be required to come to the credit union if further verification is needed.

Member Name (must include any suffixes):	·
Member Number:	Other Account Numbers:
Home Phone:	Mobile Phone:
Work Phone:	E-mail Address:
Old Address:	NEW MAILING ADDRESS:
Physical Address (if different than new Mailing Address; cannot be PO Box):	Please circle if you have:
	YES NO VISA Debit Card
	YES NO VISA Credit Card
	YES NO IRA/Share Certificate
Should the same address be updated for all j separate Change of Address Form must be o	joint members listed on the account? If yes, a completed: YES NO N/A
Do you need to update a child's account wit If yes, provide name(s) and member number	th the same address? YES NO N/A er(s):
	Credit Union Use Only:
Signature	Teller ID:
Date	Date Received:
	Date Completed: