

MEMBERS 1ST CREDIT UNION
CHANGE OF ADDRESS OR OTHER CONTACT INFORMATION

A Change of Address form must be signed by each individual that is requesting a change.

Member Information (Check all that applies):

Primary Joint Owner Primary & Joint Owner Other _____

Permanent Temporary (From _____, 20____ to _____, 20____)

Account number: _____ Other account numbers: _____

Primary Member Name: _____

Your Name (if different): _____

Your former information: Physical Address:
Street _____
Town _____ State _____ Zip _____
Mailing Address:
Street _____
Town _____ State _____ Zip _____
Telephone _____
Cell phone _____
E-mail _____

Your new information: Physical Address:
Street _____
Town _____ State _____ Zip _____
Mailing Address:
Street _____
Town _____ State _____ Zip _____
Telephone _____
Cell phone _____
E-mail _____

Please sign and date this form and bring to the Credit Union or fax it to us at 802.257.5837.

Signature _____ Date _____

Signature _____ Date _____

For Credit Union use only;

Request made:
____ In Person ____ By Fax (**Call back required**) ____ Via Home Banking Portal ____ Thru VISA Statement

Note: If request is received by fax, Home Banking portal or VISA Statement, attach request to this form.

Change of address received by _____ Date: _____ System changes made by _____ Date: _____

Address changed in: ____ iPower ____ FIS ____ CU Money Card ____ IRA Direct

Revised September 2020