

**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:		
EPL:	Initials: _____	Date: _____
VISA:	Initials: _____	Date: _____
Debit Card:	Initials: _____	Date: _____
CU Money Card:	Initials: _____	Date: _____
IRA:	Initials: _____	Date: _____
Form filed with Signature card	Initials: _____	Date: _____
Revised 03-2018		