

# ADDRESS CHANGE FORM

Please complete a separate form for each member account at the Credit Union. The completed form can be returned to the Credit Union by mail, in person, fax to 507-446-4729, or by e-mail to fedecu@fedins.com.

Member Name \_\_\_\_\_

Account Number \_\_\_\_\_

Please indicate any joint owners associated with this account that should also be changed:

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

**If residential address and mailing address are different, please include both.**

New Physical Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

New Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone Numbers

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Your changes will become effective once the Credit Union receives this signed and completed form.*

**For office use only:**

Date Received: \_\_\_\_\_

FSP - Member Details

Employee's Initials: \_\_\_\_\_

FSP - All Associated Members

Member Signature Verified

Client Link - VISA# \_\_\_\_\_