



CHANGE OF ADDRESS FORM

PLEASE PRINT LEGIBLY

DATE: _____ ACCOUNT# _____

ACCOUNT# _____

ACCOUNT# _____

Please list all account numbers needing the address changed.

DO YOU HAVE AN ECU MASTERCARD CREDIT CARD? YES ☐ NO ☐

DO YOU USE ECU'S ONLINE BILL PAY SERVICE? YES ☐ NO ☐

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 _____

HOME PHONE _____ / _____

WORK PHONE _____ for _____ / _____ for _____

CELL PHONE _____ for _____ / _____ for _____

EMAIL ADDRESS _____ for _____

EMAIL ADDRESS _____ for _____

MEMBER SIGNATURE _____

EMPLOYEE NAME (& TELLER #) _____