



Address Change Form

Name: _____

Member #(s): _____

Effective Date: _____

The change will be effective on the date and time received by the credit union unless the date above is a future date.

New Address (Physical address required) _____

Mailing Address (if applicable-PO box, etc.) _____

Home Phone# (Required) _____

Work Phone # (Required) _____

Cell Phone # (Required) _____

Email Address _____

Comments: _____

As of the effective date listed, I authorize Peoples Advantage FCU to change my address of record. I understand that all accounts and services attached to this member number will reflect this change.

Signature: _____ Date: _____

Primary Member Joint Owner

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\*\*\* Credit Union Use Only\*\*\*

| <u>Changed in System</u> | <u>Check all that apply</u> | <u>Initials and date changed</u> |
|--------------------------|-----------------------------|----------------------------------|
| Portico                  | _____                       | _____                            |
| IRA Direct (IRA)         | _____                       | _____                            |

Notes: \_\_\_\_\_