

# CHANGE OF ADDRESS FORM

Member Name: (printed) \_\_\_\_\_

Account Number(s): \_\_\_\_\_

Does this change also apply to all joint owners? Yes or No

I have a Credit Union VISA card: Yes or No

I am a subscriber to Credit Union online Bill Pay: Yes or No

## Previous Address

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## New Address

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I authorize Gwinnett Federal Credit Union to change my address to the new address listed above.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

CU use only
Original _____
Operations _____
Bill Pay _____