



Address Change Request Form

Previous Address:

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

New Address:

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Signature: _____

Date: _____ SSN: _____

Account Number(s): _____

Credit Union Use Only:

ID Verification: _____ Exp. Date: _____

Address Updated on Galaxy? Date _____ Initials _____

Address Updated on eFunds (Debit Card)? Date _____ Initials _____

Address Updated on Liberty (for checks)? Date _____ Initials _____

Address Updated on Certegy (Credit Card)? Date _____ Initials _____

Address Updated on CUNA (for IRAs)? Date _____ Initials _____

Processed by: _____

***Please fax the completed request form with a photo copy of your driver's license to 202-208-4023 for processing.**

(revised 02/2008)