



## New Address Change Form

I request my address and/or phone number be changed as stated below.

All address changes must be in writing for your protection and the credit unions.

Fax them to: 763-235-6001 or Mail to: 3575 Sioux Dr., Medina, MN 55340

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Account No.

\_\_\_\_\_  
Old Address

\_\_\_\_\_  
New Address – Change To

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If your Mailing address is a post office box we MUST have a street address also)

\_\_\_\_\_  
Current (old) Phone No.

\_\_\_\_\_  
New Phone – Change To

( ) \_\_\_\_\_ - \_\_\_\_\_

( ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address (If it is also changing or you want us to have it on file)

\_\_\_\_\_

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

(To be completed by credit union)

Date Received At Credit Union: \_\_\_\_\_ Verification of signature \_\_\_\_\_

	<u>Date Changed</u>	<u>Employee Initials</u>
CUSA + STOP MESSAGE	_____	_____
M28	_____	_____
Liberty	_____	_____
Star Station	_____	_____
VISA (contact Marylea)	_____	_____
IRA (contact Susie)	_____	_____