

LCRA CREDIT UNION

Address Change Request Form

(Federal regulations require a physical address regardless if the member prefers a different mailing address.)

Member Name: _____ Account Number: _____

New Physical Address:

Street Address _____ City _____ State _____ Zip _____

New Mailing Address (if not the same as above):

Street or PO Box Address _____ City _____ State _____ Zip _____

Previous Physical and/or Mailing address:

Street or PO Box Address _____ City _____ State _____ Zip _____

Phone Numbers: Day/Work: _____ Evening/Home: _____ Cell: _____

Email Address: _____

Change Address On Other Credit Union Accounts (spouse, children, etc.) N/A Yes No

Account Number _____ Account Name _____ Address Use: Physical Mailing

Account Number _____ Account Name _____ Address Use: Physical Mailing

Account Number _____ Account Name _____ Address Use: Physical Mailing

Change MasterCard Address: N/A Yes No Address Use: Physical Mailing

Change IRA Account Address: N/A Yes No Address Use: Physical Mailing

Authorized Signature: _____ Date: _____

Verified By CU Employee (Signature): _____ Date: _____