



## CHANGE OF ADDRESS FORM

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

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

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

I have a credit union VISA® credit card:     Yes     No

I am a subscriber to credit union online Bill Pay:     Yes     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 Peach State FCU to change my address to the new address listed above.

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

\_\_\_\_\_  
Date

CU use only
Original _____ Card Services _____ eCommerce _____