

# CHANGE OF ADDRESS FORM

I AUTHORIZE SOUTH COAST ILWU FEDERAL CREDIT UNION TO CHANGE THE MAILING ADDRESS ON MY (OUR) ACCOUNT.

Name: \_\_\_\_\_

**MAILING ADDRESS:**

**PHYSICAL ADDRESS:**

\_\_\_\_\_ Street Address

\_\_\_\_\_ Street Address

\_\_\_\_\_ City, State, and Zip

\_\_\_\_\_ City, State, Zip

\_\_\_\_\_ Additional Information - if needed

\_\_\_\_\_ Additional Information - if needed

\_\_\_\_\_ Home Phone Number

\_\_\_\_\_ Cell Phone Number

My Physical Address is the same as my Mailing Address.

PLEASE CHECK IF YOU HAVE A:

ATM / DEBIT CARD \_\_\_\_\_

(CHECK ALL THAT APPLY)

CREDIT CARD \_\_\_\_\_

CHECKING ACCT \_\_\_\_\_

\_\_\_\_\_ Joint account holder and/or minor account holders that are included in this change

Joint Account Holder's Cell Phone Number: \_\_\_\_\_

MEMBER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

ACCEPTED BY: \_\_\_\_\_