

# Address Change Form

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

Old Address: \_\_\_\_\_ New Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Other Accounts Affected:  MasterCard \_\_\_\_\_  IRA \_\_\_\_\_  Debit \_\_\_\_\_

(Spouse, Children, etc.) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---

---

## For Office Use Only

Changed on Computer: \_\_\_\_\_ Date/Initials \_\_\_\_\_  
Please pass to if checked above:

MasterCard: \_\_\_\_\_ Date/Initials \_\_\_\_\_

IRA: \_\_\_\_\_ Date/Initials \_\_\_\_\_

Debit Card: \_\_\_\_\_ Date/Initials \_\_\_\_\_

ATM Card: \_\_\_\_\_ Date/Initials \_\_\_\_\_

Please Return To:

The LOCAL Federal Credit Union  
P.O. Box 560303  
Dallas, Texas 75356-0303  
Or Fax Back to 214-638-0068