



# Foothill

credit union

### MEMBER CHANGE OF ADDRESS REQUEST

Member name: Last		First	Middle Initial	Account Number(s)	
<b>New Information</b>					
Street Address		Apt. #	City	State	Zip Code
Home Phone #			Work Phone #	Ext.	Cell Phone #
Email Address			Identification #	Date of Issuance	Exp. Date
<b>Old Information</b>					
Street Address		Apt. #	City	State	Zip Code
Indicate Type of Account					
<input type="checkbox"/> Personal <input type="checkbox"/> Corporate <input type="checkbox"/> UTMA <input type="checkbox"/> Trust <input type="checkbox"/> IRA <input type="checkbox"/> Other _____					

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

Date \_\_\_\_\_

**INTERNAL USE ONLY**

MEMBER SIGNATURE VERIFIED: \_\_\_\_\_ ID Verification Method: \_\_\_\_\_

**IF RECEIVED BY FAX OR MAIL**

CALL BACK PROCEDURE PERFORMED BY: \_\_\_\_\_

MEMBER ADDRESS/INFORMATION CHANGED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

IRA ADDRESS CHANGE/CUNA MUTUAL ONLINE COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_