



ADDRESS CHANGE FORM

I request and authorize LCRFCU to change/update my account information as stated below:
____/____/____.

*NAME _____ *ACCOUNT # _____

*LAST 4 DIGITS OF YOUR SSN _____ *BIRTH YEAR _____
(* = Required information)

OLD ADDRESS:

NEW ADDRESS:

*(If your mailing address is a post office box, we **must** have a street address also)*

Phone Number: _____

Mother's Maiden Name: _____

Email Address: _____

MEMBER'S SIGNATURE

DATE

Credit Union Action Only

For phone requests: verify at least 4 items **unless** _____ I know and recognize this member personally.

___ Social Security Number ___ Date of Birth ___ Collateral securing Existing loan ___ Recent transaction

___ Called member back @ phone Number currently on record ___ Account # ___ Cell Phone # ___ Other

X= item was verified Employee Signature _____
Date _____

EFT Card Site Updated: