

**Change of Address Request**

Name \_\_\_\_\_

Member number (s) \_\_\_\_\_

Home phone # \_\_\_\_\_

Work phone # \_\_\_\_\_

Mobile phone # \_\_\_\_\_

Email \_\_\_\_\_

Address change effective date \_\_\_\_\_

GO FCU must maintain your physical (street) address in our files. Please provide your physical address in addition to your mailing address below. Address changes must be made either in person with Identity verified by driver's license/Govt. I.D. or via written request signed and dated. Signatures must be verified by comparing the signature against the membership signature card.

**Physical (Street) Address**

**New**

Address \_\_\_\_\_

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

**Old**

Address \_\_\_\_\_

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

**Mailing Address**

(If different from physical street address)

**New**

Address \_\_\_\_\_

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

**Old**

Address \_\_\_\_\_

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

I am the owner or joint owner of the above member number(s) and authorized to make this change.

Signature \_\_\_\_\_ Date \_\_\_\_\_

-----**Credit Union Use Only**-----

\_\_\_\_\_ Signature verified if change provided by mail/fax, or

\_\_\_\_\_ ID used to identify if change provided in office

Employee Name \_\_\_\_\_ Branch \_\_\_\_\_

Teller # \_\_\_\_\_ Date Completed \_\_\_\_\_