

EQUITABLE FEDERAL CREDIT UNION
CHANGE OF ADDRESS

CURRENT ADDRESS / MEMBER INFORMATION

NAME: _____ MEMBER NUMBER: _____
PHONE NUMBER: _____ SSN: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
E-MAIL ADDRESS: _____

NEW ADDRESS / MEMBER INFORMATION

NAME: _____ MEMBER NUMBER: _____
PHONE NUMBER: _____ SSN: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
E-MAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____ PHONE: _____

Does your address for your VISA card need to be changed also? Yes or No

Do you have a Debit Card linked to this account? Yes or No

Does anyone else in your household have an account that needs the address changed also? If so, what is their name and account number?

NAME: _____ MEMBER NUMBER: _____

MEMBER SIGNATURE _____ DATE _____
