



ADDRESS CHANGE REQUEST FORM

A member representative will be in contact to complete the change of address

Member Information -

Member Name: _____

Joint Owner(s): _____

Member Number(s): _____, _____, _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail: _____

New Mailing Address -

Address: _____

City: _____ State: _____ Zip Code: _____

New Physical Address (required if different from mailing address) -

Check here if same as mailing: .

Address: _____

City: _____ State: _____ Zip Code: _____

Previous Address -

Address: _____

City: _____ State: _____ Zip Code: _____

By signing below, you agree that America's Christian Credit Union (ACCU) may from time to time make calls and/or send text messages to you at any telephone number associated with your current or future account(s), including wireless telephone numbers that could result in charges to you. The manner in which these calls or text messages are made to you may include, but is not limited to, the use of prerecorded/artificial voice messages and/or automatic telephone dialing system. You further agree that ACCU may send e-mails to you at any e-mail address you provide us or use other electronic means of communication to the extent permitted by law. Consent may be revoked at any time and by any reasonable means.

Print Name: _____

Signature: _____

