



CHANGE OF ADDRESS REQUEST

Complete sign and mail original request to the credit union address below. To protect your account from fraudulent changes being made the credit union will not accept copies, faxes or e-mails of this request. The credit union will not forward mail to another address.

Primary Member Name

Account Number

My previous mailing address was:

My new mailing address is:

Line 1		Line 1	
Line 2		Line 2	
City		City	
State/Country	ZIP	State/Country	ZIP

If your new mailing address above is a PO Box or different than where you are actually living you must provide your street address. We will only send mail to your mailing address.

My street address is:

Line 1			
Line 2			
City		State/Country	ZIP

Even if it has not changed please provide your current telephone and e-mail contact information. The credit union may need to quickly contact you if we suspect unusual transaction activity on your account.

Primary Member

Joint Owner (if applicable)

Telephone Number	Telephone Number
Alternate Number	Alternate Number
E-mail Address	E-mail Address

I am the Primary Member Joint Member; on this account and request the above change(s) to be made.

SIGNATURE is required

Date is required

Your signature must substantially match the signature we have on file for your account. Unsigned request will be returned for signature.

Mail completed request to: allU.S. Credit Union
1410 N Main St.
Salinas, Ca. 93906

For Office Use Only			
Request <u>Received</u> by:	Teller #	Branch:	Date:
Identification used: DL#/State ID	State issued	Exp Date	-or- Military Id:
Request <u>Processed</u> by:	Teller #	Branch:	Date:
Document Used for signature verification:			