

# Change of Address Form

\*Please complete a separate Change of Address Form for each person

CONTACT INFORMATION		
Name:		Last four of SSN/TIN:
New Mailing Address:		Physical Address <i>(if different from Mailing)</i> :
City/State/ZIP:		City/State/ZIP:
Is this a seasonal address change? Yes <input type="checkbox"/> No <input type="checkbox"/> If this is seasonal address, what is the return date _____		
NEW Home Phone:	NEW Work Phone:	NEW Mobile Phone:
NEW E-mail Address:		
MINOR CHILD AT SAME ADDRESS <input type="checkbox"/> Check here if address should be changed as indicated above		
Name:		Last four of SSN:
Name:		Last four of SSN:
Name:		Last four of SSN:
AUTHORIZATION		
_____ Signature		_____ Date
<p><i>Return your completed form to us by delivering it to any branch, mailing it to P.O. Box 1487, Appleton, WI 54912-1487 or faxing it to (920)968-0707</i></p>		
CREDIT UNION USE ONLY		
_____ Verification Completed by CFCU Employee:		_____ Date