

Member Address/Phone Number Change Form

**Mail this completed and signed form along with a copy of your valid Driver's License or State ID to:
Security Credit Union, Attn: Communication Center, P.O. Box 5255, Grand Blanc, MI 48480-5255**

Please process the following updates (check all that apply):

Primary Mailing Address Secondary Mailing Address Phone Number Email Address

CU Account No. (list all account numbers that need to be updated)

Member Name (First & Last Name) _____

Do you use Online Bill Payer?

Yes
 No

Do you have an SCU Visa?

Yes
 No

NEW Address/Phone/Email:**

Address _____ City _____ State _____ Zip Code _____

Country _____ Phone Number _____ Cell Phone Number _____

Email Address _____

****A copy of your valid Driver's License or State ID must be included for verification. Your address cannot be changed without this being provided.**

Member Signature

Date

Credit Union Use Only:

Processed by: _____ Date Processed: _____

OBP Processed by: _____ Date Processed: _____

Visa Processed by: _____ Date Processed: _____