

## 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):					
	Residential Address	Mailing Address	Permanent Temporary	Phone Number	☐ Email Address	
			CU A	ccount No. (list all accour	nt numbers that need to be update	ated)
Member Nam	e (First & Last Name)					
☐ Change m	ny address only	☐ Change	for the individua	al(s) listed below	Do you use Online l	Bill Pay?
☐ Change a	ddress for <u>all</u> account own	ners			Do you have an IRA? ☐ Yes ☐ No	
	I Address/Phone/Em		per is required o	n all Credit Union acco	unts.	
Address			City		State Zip Co	ode
Country		Phone Number	Cell Phone I		nber	
Email Addres	s					
Mailing Ad	dress:					
Address						
City	State	e Zip Co	de	Country		
Temporary	Mailing Address/Ph	none:				
The following	should be effective as of t	the date(s) indicated	below:			
Start Date:	to End	d Date:	I would like the following to I		happen as of the End Date: ng address back to the mailing address on file.	
Check here if	you would like this to occ	cur annually.			e Credit Union when I would	
Address						
City	State	e Zip Co	de	Country		
Phone Number	er	_				
**A copy of yo	ur valid Driver's License o	r State ID <u>must</u> be ind	cluded for verific	ation. Your address ca	nnot be changed without t	this being provided.
		Member Sign	ature	Date		
Credit Union U	se Only:					
Processed by:		Date Processed:		□ ORF	P Undated No	otified IRA Administrator