SAVASTATE
Teachers Federal Credit Union

CHANGE OF ADDRESS REQUEST FORM

Name: _____ **Account No:** _____

Previous Address: _____

New Address: _____ **Apt. #** _____

City:_____ **State:** ___ **Zip:** _____

Home Phone:_____ **Work Phone:** _____

E-mail _____

_____ _____
Signature **Date**

_____ _____

Credit Union Use Only

Employee Notified Of Address Change:_____

Method Used To Verify Member (Cu1Tent DL or Government ID, Long Time Member, etc.)

_____

_____

_____

Check Ali Accounts that apply:

O Mercury _____ _____
Date Initial

O Mail Statement Switches _____ _____
Date Initial