



**CHANGE OF ADDRESS REQUEST FORM**

Member Name \_\_\_\_\_

Member Number \_\_\_\_\_

PHYSICAL ADDRESS (required, cannot be PO Box)	
<input type="checkbox"/> Check if same	
Old Physical Address	New Physical Address
Street	Street
Apt. / Suite	Apt. / Suite
City, State ZIP	City, State ZIP

MAILING ADDRESS (if different from physical)	
<input type="checkbox"/> Check if same	
Old Mailing Address	New Mailing Address
Street	Street
Apt. / Suite	Apt. / Suite
City, State ZIP	City, State ZIP

Home phone ( ) _____	Work Phone ( ) _____	Mobile phone ( ) _____
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Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this change temporary? Y / N

If yes, expiration date? \_\_\_\_/\_\_\_\_/\_\_\_\_

Does this change affect any joint owner(s)? Y / N

If yes, list owner(s): \_\_\_\_\_ ( )  
 \_\_\_\_\_ ( )  
 \_\_\_\_\_ ( )

Signature \_\_\_\_\_

Date \_\_\_\_\_

P.O. Box 425  
Big Spring, TX 79720

Please return form to:

P.O. Box 51070  
Midland, TX 79710

For Credit Union Use Only			
<input type="checkbox"/> FSP	<input type="checkbox"/> SWC/TranzAct	<input type="checkbox"/> Checks Reissued	<input type="checkbox"/> CUNA Mutual
<input type="checkbox"/> Loan Payment Slips Reissued		<input type="checkbox"/> MasterCard	
Processed by: _____		Signature _____	