



CHANGE OF ADDRESS FORM

Account Number:	
Primary Member's Name:	
New Physical Address:	
City, State, and Zip code:	
New Mailing Address:	
City, State, and Zip Code:	
Work Phone Number:	
Cell Phone Number:	

Email Address: _____

Do you have an IRA With us? YES NO

***Notice:** If you have a Credit Card through us please make sure to notify our Credit Card Servicing Center, Elan Financial Services of your new address by either calling 800-558-3424 or you may submit the new address along with your monthly payment.

Primary Member's Signature Date _____

-OR-

Joint Member's Signature Date _____

Credit Union Use Only

Share One	Date: _____	Initials: _____	
CUNA (IRA Direct)	Date: _____	Initials: _____	