



160 E. College Street  
 Covina, CA 91723  
 (626) 974-4447  
 Fax (626) 974-4473

## ADDRESS CHANGE REQUEST

Member Name (Print) \_\_\_\_\_ Member No. \_\_\_\_\_

New Address: \_\_\_\_\_  
 \_\_\_\_\_

Home Telephone No. (Area Code/Phone #) \_\_\_\_\_  New

Work Telephone No. (Area Code/Work #) \_\_\_\_\_  New

Cell/Other Phone No. (Area Code/Cell #) \_\_\_\_\_  New

### ALSO UPDATE THE INFORMATION ON MY JOINT ACCOUNTS LISTED BELOW

- Account No. \_\_\_\_\_ Name on Account \_\_\_\_\_
- Account No. \_\_\_\_\_ Name on Account \_\_\_\_\_
- Account No. \_\_\_\_\_ Name on Account \_\_\_\_\_

**I authorize United Catholics Federal Credit Union to make the necessary address change to the above account(s) which I'm either the Primary Member or Joint Member.**

**X** \_\_\_\_\_  
 Primary Members Signature Date

**X** \_\_\_\_\_  
 Joint Owner Signature (If Applicable) Date

### FOR CREDIT UNION USE ONLY

**Member Services**

- |   |       |       |
|---|-------|-------|
| <input type="checkbox"/> Update New Solutions   | _____ | _____ |
| <input type="checkbox"/> Update in Checkprinting Solutions (if Member has a Checking Account) | _____ | _____ |

**IRA Department**

- |  |       |       |
|--|-------|-------|
| <input type="checkbox"/> Update in Assensus IRA Direct | _____ | _____ |
|--|-------|-------|

**Electronic Services**

- |  |       |       |
|--|-------|-------|
| <input type="checkbox"/> Update CardSource if Visa                                 | _____ | _____ |
| <input type="checkbox"/> Update COOP Cardholder Maintenance for ATM or Debit Cards | _____ | _____ |