



japanese american
COMMUNITY CREDIT UNION

Change of Address Request

Date: _____

Account/Member #: _____

Name: _____

Old Address:

New Residential Address (no P.O. Boxes allowed):

New Mailing Address (optional)

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Other Phone: _____

eMail Address: _____

I wish to maintain this account; by signing and returning this Change of Address Request, I am satisfying the requirements of the Code of Civil Procedure by indicating an interest in the account and my desire that JACom Credit Union maintain this account on my behalf.

Member Signature: _____

Please return (mail, email or fax) this completed form to the address below.

Thank you.

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