



# Change of Address Request

Date: \_\_\_\_\_

Account/Member #: \_\_\_\_\_

Name: \_\_\_\_\_

Old Address:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address (if different from above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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's Signature:** \_\_\_\_\_