



Address Change Form

Form may be returned by fax to (925) 609-5165
Please provide a legible copy of current driver's license

Address Change Effective Date Name Account Number

New Address

Home Address (no P.O. Boxes) City State Zip Code

(_____) _____ (_____) _____ (_____) _____
Home Phone Number Work Phone Number Cell Phone Number

Mailing Address (if different from above) City State Zip Code

Old Address

Home Address (no P.O. Boxes) City State Zip Code

Consent to Contact by Telephone: By signing below, you agree, that the Credit Union may from time to time make calls and/or send text messages to you at any telephone number(s) provided, including mobile telephone numbers that could result in data usage and charges to you. This is so that the Credit Union can service and keep you informed about your account(s) (including loans, if any), collect any amounts you owe us, and/or provide fraud, security breach, or identity theft alerts. You also agree that you may be contacted by our service providers making such calls on our behalf. The manner in which these calls or text messages may be made to you include, but are not limited to, the use of prerecorded/artificial voice messages and automatic telephone dialing systems. You understand that you are not required to provide consent as a condition to receiving the Credit Union's products or services. You may change the telephone number(s) provided at any time by contacting us at 888-858-6878.

Signature Date

For Credit Union Use Only

ID received & verified for primary member Teller ID _____ Date _____