

# Address Change Form



Revised: 02.22.2017

Name:			
Account Number(s):			
<b>Previous</b> Physical Address:	Street:		
	City:	State:	Zip:
<b>Previous</b> Mailing Address: Check here if same as "Previous Physical" above <input type="checkbox"/>	Street/PO Box:		
	City:	State:	Zip:
<b>Current</b> Physical Address:	Street:		
	City:	State:	Zip:
<b>Current</b> Mailing Address: Check here if same as "Current Physical" above <input type="checkbox"/>	Street/PO Box:		
	City:	State:	Zip:
Is this a seasonal address?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	If so, what is your return date:
Phone Numbers:	Mobile:	Other:	
Email Address:			
Signature:			Date:

By signing above, I hereby authorize Southwest Colorado Federal Credit Union to change my address as described on this form.

## Instructions:

- Each account owner must complete and sign an address change form to change their contact information (forms without a signature will not be processed).
- **Return via fax (970-247-8784), mail (15 Bodo Drive, Durango, CO 81303) or secure email (secure email link located on our "Contact Us" webpage – DO NOT SEND THROUGH REGULAR EMAIL AS IT IS NOT SECURE).**

<b>FOR CREDIT UNION USE ONLY:</b>	Date:	Initials:	Confirmation Letter: <input type="checkbox"/>	IRA Change Initials:
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