



CHANGE OF ADDRESS FORM

Membership ID/Account Number

INSTRUCTIONS

In order for Nebo Credit Union to complete your request, please be aware of the following:

1. You must include a copy of your valid photo identification with this change of address request.
2. If this form is delivered to Nebo Credit Union by fax or mail, we must verify the validity of this request before the address change will be made.
3. This form must be signed in order to process your request. If the member or individual is a minor, or otherwise lacks legal capacity, the form must be signed by a legal parent or guardian, or another individual authorized to act on the member or individual's behalf.

MEMBER / INDIVIDUAL INFORMATION

NEW ADDRESS

PREVIOUS ADDRESS

Name (First, MI, Last): _____
 Street Address: _____
 City, State ZIP: _____
 Mailing Address: _____
 City, State, ZIP: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Email Address: _____

Name (First, MI, Last): _____
 Street Address: _____
 City, State ZIP: _____
 Mailing Address: _____
 City, State, ZIP: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Email Address: _____

Signature _____

Date _____

Notes:

For Credit Union Use Only

Date Request Received _____

Address Changed in System _____

Employee Signature _____