

# CHANGE OF ADDRESS

Instructions: Complete (print or type clearly), sign and deliver by mail to:

**School District 3 Federal Credit Union, 1180 Crawford Ave, Colorado Springs, CO 80911**

|  |                              |                         |
|--|------------------------------|-------------------------|
| <b>What type of change are you requesting?</b> | Physical*and Mailing Address | Telephone Number Change |
|  | Physical Address only        |                         |
|  | Mailing Address only         |                         |

**\*Physical Address cannot be a P.O. Box**

|  |                    |
|--|--------------------|
| <b>Individual/<br/>Business<br/>Information</b><br>Provide name as it appears on your statement. | ACCOUNT NAME/TITLE |
|  | ACCOUNT NAME/TITLE |
|  | ACCOUNT NAME/TITLE |
|  | EMAIL ADDRESS      |

|   |                                 |                        |       |     |
|---|---------------------------------|------------------------|-------|-----|
| <b>New Address</b><br>Provide new Address/phone number(s)<br><b>Note:</b> For a P.O. Box, a physical address is required. | MAILING ADDRESS                 | CITY                   | STATE | ZIP |
|   | PHYSICAL ADDRESS                | CITY                   | STATE | ZIP |
|   | PRIMARY PHONE NUMBER            | SECONDARY PHONE NUMBER |       |     |
|   | ADDITIONAL INFORMATION/COMMENTS |                        |       |     |

|  |  |  |
|--|--|--|
| <b>ACCOUNT INFORMATION:</b>                                | <b>Change my address for ALL Account(s) OR</b> | <b>Change only the account(s) listed below (checking this option, accounts not listed will NOT be changed)</b> |
| <input checked="" type="checkbox"/> <b>TYPE OF ACCOUNT</b> | <b>ACCOUNT NUMBER(S)</b>                       |  |
| Account Number   |  |  |
| Account Number   |  |  |
| Account Number   |  |  |
| Loan - Credit Card   |  |  |
| Loan - Other   |  |  |
| Other - Specify  |  |  |

In order to ensure the accuracy of your information, an authorized account holder must sign below.

**Note:** For Joint Accounts, only one signature is required.

|                           |                                       |           |      |
|---------------------------|---------------------------------------|-----------|------|
| <b>Your Authorization</b> | NAME – Account Holder (Print or Type) | Signature | Date |
|                           | NAME – Account Holder (Print or Type) | Signature | Date |

**Credit Union Use Only**

|               |       |           |       |
|---------------|-------|-----------|-------|
| Completed By: | Date: | Audit By: | Date: |
|---------------|-------|-----------|-------|