



Address Change Form

ACCOUNT INFORMATION UPDATE

Account #: _____

Member Name: _____

Update address and any additional information below:

Street Address

Phone Number

Apt/Suite # (if applicable)

Email Address

City, State, Zip Code

Signature

Date

PLEASE DO NOT WRITE IN THIS SECTION (TO BE COMPLETED BY AFCU PERSONNEL)

Check for/Update:

- ☐ Additional Accounts
- ☐ Joint Accounts

- ☐ Credit Cards
- ☐ Debit Cards

Teller Signature:

Date: