



ALCON EMPLOYEES Federal Credit Union

Once a member, always a member.

CHANGE OF ADDRESS FORM

The security of your account information is of the utmost importance to us. To minimize fraud risk, protect your account(s), and avoid a bad address fee, please take a moment to complete this form and return it to the credit union. Once we have received the completed form, we will be happy to update your records in our system. Simply complete all areas of this form and sign where indicated.

PLEASE PRINT

MEMBER NAME (printed): _____ DATE: _____

LIST ALL ALCON EFCU ACCOUNT NUMBERS AFFECTED: _____

Does this change also apply to all joint owners?	YES	or	NO
Does this change also apply to family members?	YES	or	NO
Do you have a credit union ATM/Debit Card?	YES	or	NO
Do you have a credit union VISA Credit Card?	YES	or	NO
Do you use Alcon EFCU Online Banking?	YES	or	NO
Do you use Alcon EFCU Online Bill Pay?	YES	or	NO

OLD ADDRESS

Street Address: _____	Mailing Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Home Phone Number: _____	Cell Phone Number: _____
Work Phone Number: _____	Email Address: _____

NEW ADDRESS

Per the USA PATRIOT ACT, if you list a P.O. Box for your mailing address, you must also provide a street address:

Street Address: _____	Mailing Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Home Phone Number: _____	Cell Phone Number: _____
Work Phone Number: _____	Email Address: _____

Reason for change: _____

Member Signature: _____ Date: _____