

ACCOUNT CHANGE OF ADDRESS

I/we **AUTHORIZE** the credit union to make and accept the following **INFORMATION CHANGES TO MY/OUR ACCOUNT:**

PRIMARY OWNER NAME:

ACCOUNT #: _____ Other Account #: _____ Other Account #: _____ VISA Credit Card

CHANGE **Permanent** Temporary from / / to / / Driver's Lic. #: _____
MM DD YYYY MM DD YYYY

PHYSICAL Address (not P.O. Box) Street _____

City/State/Zip _____

MAILING Address (if different from physical address) Street _____

City/State/Zip _____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

Email(s) (Work) _____ (Home) _____ Employer: _____

JOINT OWNER #1 NAME:

ACCOUNT #: _____ **Address SAME as Primary Owner** Driver's Lic. #: _____

MAILING Address Street _____ Phone: (Home) _____

City/State/Zip _____ Phone: (Cell) _____

Email(s) _____ Employer: _____

JOINT OWNER #2 NAME:

ACCOUNT #: _____ **Address SAME as Primary Owner** Driver's Lic. #: _____

MAILING Address Street _____ Phone: (Home) _____

City/State/Zip _____ Phone: (Cell) _____

Email(s) _____ Employer: _____

AUTHORIZATION: I/we agree that the changes on this form amend the previously signed account card and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the credit union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the agreement and disclosures applicable to the accounts and services requested. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement and Disclosure.

X _____
Primary Member/Owner **SIGNATURE** Date

X _____
Joint Owner **SIGNATURE** Date

X _____
Joint Owner **SIGNATURE** Date

To **PROCESS** your request, please **MAIL** or **FAX** your completed card to:

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