



Change of Address Request

Date: _____ Account Number: _____

Name: _____

Do you have a MFCTFCU credit card? Yes No

Do you have a MFCTFCU debit card? Yes No

IF YOUR ACCOUNT STATEMENT IS RETURNED TO US FOR THE REASON
OF AN INCORRECT ADDRESS YOUR ACCOUNT WILL BE CHARGED A \$5.00
PROCESSING FEE EACH MONTH IT IS RETURNED TO US.

Additional Accounts Changes	
	/
	/
	/
	/
	/

Change Method: ☐ Collection ☐ E-mail ☐ Fax ☐ In-Person ☐ Mail
☐ Online ☐ Phone ☐ Post Office Notification ☐ Internal

New Address

Effective Date (if applicable):			
Name:			
Address 1:			
Address 2:			
City:	State:	Zip:	
Email:			
Home:	Mobile:		
Work:	Ext:		

Previous Address

Name:			
Address 1:			
Address 2:			
City:	State:	Zip:	
Email:			
Home:	Mobile:		
Work:	Ext:		

Signature _____

Date _____

Signature _____

Date _____

Credit Union Use Only

Entered By:	Name:	
Approved By:	Name:	