



Change of address

Account number: _____

Member name: _____

Previous address:

Street: _____ Apt/suite: _____

City: _____ State: _____ Zip: _____

New address:

Street: _____ Apt/suite: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Employer: _____ Email address: _____

P.O. Boxes are only accepted when accompanied by a physical address. Add as alternate mailing address.

Alternate mailing address:

Street: _____ Apt/suite: _____

City: _____ State: _____ Zip: _____

Member signature: _____ Date: _____

By signing this form I hereby certify that the information provided is true and correct. I acknowledge that if any of the information provided is incorrect and results in returned mail to Community Choice Credit Union I will be assessed the Bad Address fee as listed on our fee schedule and my Credit Union services may be limited.

Credit Union use

Update the following applications if boxes are checked

- Evolve Ascensus IRA

Completed by: _____ Date: _____