

# DeTour Drummond Community Credit Union

## ADDRESS CHANGE REQUEST

DATE \_\_\_\_\_

**NEW ADDRESS:**

Name	
Street	
P.O. Box	
City, State	
Zip Code	
Phone #	
Email	

TIME FRAME AND MEMBERS AFFECTED:		BEGIN DATE	END DATE	ACCOUNT NUMBERS TO BE CHANGED:	
<input type="checkbox"/>	PERMANENT				
<input type="checkbox"/>	TEMPORARY				
<input type="checkbox"/>	INDIVIDUAL	FAMILY MEMBERS:			
<input type="checkbox"/>	FAMILY				
(IF FAMILY-LIST OTHER FAMILY NAMES TO THE RIGHT)					

<p style="font-size: 2em; margin: 0;">X</p> <p style="margin: 0;">MEMBER SIGNATURE _____</p>		DDCCU EMPLOYEE INITIALS: _____	
		METHOD OF REQUEST:	<input type="checkbox"/> IN PERSON
			<input type="checkbox"/> VIA MAIL
			<input type="checkbox"/> VIA EMAIL
		<input type="checkbox"/> PHONE	
	DATE _____		
<p><b>PLEASE HAVE MEMBER SIGN THE FORM OR YOU MAY PRINT THEIR NAME ON THE SIGNATURE LINE IF YOU SPOKE TO THEM VIA PHONE</b></p>			