

COMMUNITY FOCUS FCU ADDRESS CHANGE FORM

Return the form to Community Focus FCU via fax to Brownstown 734-281-2352 or Ecorse 313-386-5883
or mail to 18925 Telegraph Rd., Brownstown, MI 48174.

MEMBER NAME _____

Please change primary mailing address on the following account(s):

_____, _____, _____, _____

**Please note that you must be primary or joint on these accounts to be able to request a change of address.*

NEW ADDRESS

STREET _____

CITY _____ **STATE** _____ **ZIP CODE** _____

***PHONE NUMBER** _____

EMAIL ADDRESS _____

PREVIOUS ADDRESS

STREET _____

CITY _____ **STATE** _____ **ZIP CODE** _____

***PHONE NUMBER** _____

EMAIL ADDRESS _____

I authorize Community Focus Federal Credit Union to change address on my account:

MEMBER SIGNATURE _____ **DATE:** _____

FOR OFFICE USE ONLY:

CHANGE TAKEN BY: _____ **DATE** _____

DEMOGRAPHICS CHANGED ___ **VISA** ___ **IRA** ___ **E-TELLER** ___ **HARLAND CLARK** ___ **BILL PAY** ___

VERIFIED BY (BT) _____ **VERIFIED BY (EC)** _____ **STMT RET** _____