



REQUEST FOR ADDRESS CHANGE

Type or Print directly on this form

"Creating and protecting ownership and economic opportunity for all"

NOTE: Address changes must be done in writing and Self-Help FCU requires all requests to have a valid signature.

Section 1	Last Name		First Name	Middle Name
	Last 4 Digits – Social Security #		E-Mail	
	Account Number(s)			
Section 2	Former Street Address			
	City		State	Zip
Section 3	New Street Address			
	City		State	Zip
	Mailing Address (if different than Physical Address)			
	City		State	Zip
Section 4	Home Phone		Mobile Phone	Work Phone
	<i>By Signing I certify that I'm an authorized signer on the account(s) identified above and that I authorized this request.</i>			
	Member Signature			Date
CU Use Only:				
Request Received: <input type="checkbox"/> In Person <input type="checkbox"/> By Mail <input type="checkbox"/> By Fax				
Identity Confirmed by: <input type="checkbox"/> Photo ID <input type="checkbox"/> Password <input type="checkbox"/> Challenge Question <input type="checkbox"/> Signature on File				
Address Changed by: OP # _____ Initials _____ Date _____ Br # _____				
*Scan to Member Account				

Print, sign in ink and mail or fax to: Self-Help Federal Credit Union
 Attn: Member Services
 2504 Tenaya Drive
 Modesto, CA 95354
 FAX: (209) 521 - 0407