

Mail Form To: Neches Federal Credit Union  
P.O. Box 1118  
Port Neches, TX  
77651-1118



revised 11/10

\*Member Name: \_\_\_\_\_ Account # \_\_\_\_\_

**Must fill in a physical address**

New Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell / Home Number: \_\_\_\_\_ Wk # \_\_\_\_\_

\* Mother's Maiden Name \_\_\_\_\_

***\*please notify loan dept of Name Changes***

**Services affected by changes:**

Credit Card (Visa or MasterCard) \_\_\_\_\_ Visa Debit Card \_\_\_\_\_ Checking Account \_\_\_\_\_

IRA Account \_\_\_\_\_ Bill Pay Y / N \*Are you a cosigner on a loan Y / N

**\*forward to loan processor with print out of screen**

**List any other accounts affected by the change:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

Loan(s) Y or N Verify cosigner \_\_\_\_\_ Loan(s) Y or N Verify cosigner \_\_\_\_\_

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Changes requested by:** \_\_\_ Member \_\_\_ Joint Owner

\_\_\_ in person \_\_\_ mailed \_\_\_ faxed

**Attention Members:** debit cards or check issuance **cannot** be processed the same time of address change **unless** form signed and returned **in person** or notarized. *For security reasons, this form must be returned during business hours. We are not responsible for any address change forms sent via fax or e-mail\**

**\*\*Form must have member's signature before changes will be made\*\***

**For office use only:**

**Changes made by** \_\_\_\_\_ **Date** \_\_\_\_\_ **\*Processor initial receipt of address chg** \_\_\_\_\_

**Verified by** \_\_\_known member \_\_\_signature card \_\_\_drivers license \_\_\_**Verify Cosigner(s)**

\_\_\_**Remove bad address/return mail from system** \_\_\_**Member profile pulled**