

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



07/09

**\*Must fill in a physical address**

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

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

New Address: \_\_\_\_\_

\_\_\_\_\_

Old Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Wk # \_\_\_\_\_ EXT \_\_\_\_\_

Cell # \_\_\_\_\_ Additional # \_\_\_\_\_

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

Are you a cosigner on a loan Y / N **\*forward to loan processor with print out of screen**

**Services affected by changes:**

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

IRA Account \_\_\_\_\_ Bill Pay Y / N \_\_\_\_\_ Safe Deposit Box \_\_\_\_\_

**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

**\*Must verify signature by signature card. Employee initial \_\_\_\_\_**

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

***For security reasons, this form must be printed and returned during business hours. We are not responsible for any address change forms sent via fax or e-mail\****

***For office use only: \*\*debit/credit card or check issuance cannot be processed at time of address change unless form signed and/or returned in person or notarized***

***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***