

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