



CHANGE OF ADDRESS FORM

For security purposes, all fields should be completed. Please print. Thank you!

Name _____

Account number _____

Old address _____

City, State, ZIP _____

Old home phone number () _____ - _____

Old work phone number () _____ - _____

Old e-mail address _____

New address _____

City, State, ZIP _____

New home phone number () _____ - _____ Same as above

New work phone number () _____ - _____ Same as above

New cell phone number () _____ - _____ Same as above

New e-mail address _____ Same as above

Employer or new employer _____

Order new checks? Yes ~ Number of boxes: _____ No

Prefer safer, secure e-statements? Yes (free; requires enrollment) No

Effective date of address change _____

Signed: _____

(Must be signed by an account owner.)

Today's date

Please print legibly or type. When completed, mail or fax to: Alabama Credit Union, P. O. Box 862998, Tuscaloosa, AL 35486-0027; fax 205-348-3892. Please provide updated phone numbers, e-mail address and employer info for each owner on the account. You may also provide this information by logging on to your ACUiBranch® account at AlabamaCU.com, choosing User Services, and sending a secure e-mail to us. NOTE: For security purposes, there may be a delay in sending a replacement VISA credit or debit card after your address change. For fastest service, use secure ACUiBranch or visit a branch with your valid photo ID to change your address or receive replacement VISA card(s).

For credit union use only:

____ Account

____ New checks

____ VISA credit card

____ VISA debit card

____ Other: _____

____ E-mail sent to AddressChange@AlabamaCU.com

Completed by: _____ Date: _____

Department/Branch: _____ Phone: _____