

# Address Change Request



Please complete and return this form to your local Everence Federal Credit Union branch office. You may also fax it to (717) 735-8331, or mail it to Everence Federal Credit Union, 2160 Lincoln Highway East, Ste. 20, Lancaster, PA 17602-1150.

Name \_\_\_\_\_ Account number \_\_\_\_\_  
Social Security number \_\_\_\_\_ Birth date \_\_\_\_\_

## Old information

Old address \_\_\_\_\_  
Street City State ZIP  
Primary phone \_\_\_\_\_  cell  home  work Secondary phone \_\_\_\_\_  cell  home  work  
Email address \_\_\_\_\_

## New information

New street address (required) \_\_\_\_\_  
Mailing address (if different from above) \_\_\_\_\_  
Street City State ZIP  
Primary phone \_\_\_\_\_  cell  home  work Secondary phone \_\_\_\_\_  cell  home  work  
Email address \_\_\_\_\_

## Other accounts

The changes above also apply to these accounts (check all that apply):

- Checking account  
 Please order checks for me with this new address, effective on this date \_\_\_\_\_
- Spouse's account: Name of spouse \_\_\_\_\_ Account number \_\_\_\_\_
- Child's account: Name of child \_\_\_\_\_ Account number \_\_\_\_\_  
Name of child \_\_\_\_\_ Account number \_\_\_\_\_
- Individual retirement account (IRA)

## Authorization

I/we agree the changes on this form amend the previously signed Account Card and are subject to the terms and conditions of the Everence Federal Credit Union Membership and Account Agreement, Truth-in-Savings Disclosure, and Funds Availability Policy Disclosure, and to any amendment that Everence Federal Credit Union makes from time to time which are incorporated herein.

Signature of primary member \_\_\_\_\_ Date \_\_\_\_\_ Signature of joint owner \_\_\_\_\_ Date \_\_\_\_\_

**Everence Federal Credit Union**  
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