



130 23rd Avenue SW, ROCHESTER, MN 55902
 PHONE: (507) 535-1460 TOLL-FREE: 800-535-2129
 FAX: (507) 293-8116 www.mayocreditunion.org

ADDRESS CHANGE REQUEST

DATE	MEMBER NUMBER

WHEN COMPLETING THIS FORM PLEASE PRINT AND USE BLACK INK

SECTION A: Member Information

NAME		LAST		FIRST		M.I.	
SOCIAL SECURITY #		WORK PHONE ()		HOME PHONE ()		CELL PHONE ()	
E-MAIL ADDRESS							

Address Change Applies To: Primary Owner Joint Owner(s) on accounts of this member number
 (check all that apply) Children's Account Name if more than one joint owner _____

SECTION B: New Address Information (Foreign Addresses - please use space at bottom of form)

RESIDENTIAL ADDRESS (No PO Boxes)				MAILING ADDRESS (If Different from Residential)			
STREET		APT #		STREET		APT #	
CITY		STATE		ZIP		ZIP	

SECTION C: Former Address Information

STREET			APARTMENT NUMBER		
CITY			STATE		
STATE			ZIP		

SECTION D: Other Services

Do you have a MEFCU Debit Card?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a MEFCU Credit Card?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you utilize MEFCU Bill Pay?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Would you like to reorder your current check style with your updated address?	Starting Check Number:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes please enter starting check number →	

SECTION E: Authorization

Under penalties of perjury, I certify the information I provided above is true and accurate to the best of my knowledge.

SIGNATURE X	EFFECTIVE DATE
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Please leave this form with a credit union representative or mail to Mayo Employees Credit Union, 130 23rd Avenue SW, Rochester, MN 55902. This request cannot be processed without review of photo identification or signature comparison.

NOTE Changes to your address using this form will be updated on this member and/or associated joint owners only. Please fill out additional forms for any other member numbers affected by this address change. Information will NOT be forwarded to Human Resources; you must contact them directly to change your personnel records.**

SECTION F: Foreign Address (Please enter each line exactly as address should appear on envelope)

FOR CREDIT UNION USE ONLY:

Taken by: _____ Date: _____ ID Viewed: _____ Signature comparison: _____
 MSR: FSP: _____ IRA: _____ Liberty: _____ Joint Owners _____ Assoc. Mbr _____ Mail Code _____ Diary Memo _____ Fish Msg: _____
 Q2 Cust. level _____ Q2 User level _____ Checks Re-order _____
 Call Center: Visa: _____ Bill Pay: _____ Final Review _____