



# CHANGE OF ADDRESS FORM

(Please complete ALL fields and sign)

Account Number: \_\_\_\_\_

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

Employee Number: \_\_\_\_\_

Other Accounts Affected: \_\_\_\_\_

Does change of address apply to (Select One):    Primary: \_\_\_\_    Joint: \_\_\_\_    Both: \_\_\_\_  
(If no selection is made, change will apply to all account holders)

### Primary Member Information

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

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Joint Member Information

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

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Former Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### New Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Physical Address (This is only required if using a P.O. Box mailing address)**

\_\_\_\_\_  
\_\_\_\_\_

Please check if you have a:    Mercy CU Debit Card     Mercy CU Credit Card

Primary Member Signature: \_\_\_\_\_    Date: \_\_\_\_\_

Joint Member Signature: \_\_\_\_\_    Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Account Comments Deleted \_\_\_\_    Set Statements Back to Print \_\_\_\_    Teller # \_\_\_\_    Date: \_\_\_\_\_