

308.345.7040 • 877.645.7040 Fax 308.345.7050 MemberServies@MidwestLibertyFCU.lor

Notice for Change of Address

Effective Date: _____

Name(s).		
Old Physical Addı	'ess: (required)	Old Mailing Address: (if different Physical Address
Street Address:		
City, State, & Zip:		
New Physical Add		Mailing Address: (if different from Physical Address
Street Address:		
City, State, & Zip:		
Home Telephone:		Cellular Telephone:
Work Telephone:		Email Address:
Section 2: Acc	ount Number -	accounts indicated will be changed
Account # (s):	Savings/Checking	
	Loan Accts:	
	Closed Accts:	
Section 3: Sign		orize Signature and Date are required for valid address change signer accounts require both signatures
Signature:		

Form Completion

Section 1: Please note all names and account holders, affected by this change request. Complete both the Old Address and New Physical Address. If the mailing address is a P.O. Box number, please complete in the Mailing Address. Be sure to update <u>e-mail address</u> if this has changed since it was last given to the credit union.

Section 2: It is necessary in this section to please list all accounts affected by this change request. You may attach a separate sheet if you have more accounts or insufficient room to list all the accounts you may have with KRD Federal Credit Union

Section 3: Authorized Signature and date must be completed to activate change of address request. Phone request must be signed by KRD Federal Credit Union employee completing the change of address request once verification of all pertinent customer information has been completed.

Questions concerning the change of address form can be directed to the credit union at the telephone number on the top of the "Notice for Change of Address".