

# South Central Credit Union CHANGE OF ADDRESS FORM

We recently received a change of address request or postal notification for your account. Please complete this form and return it to the address below within 10 days. There will be a return mail fee of \$2.00 after that time for any mail we continue to have returned. If you have any questions please call (517) 787-2220.

**Account #** \_\_\_\_\_

**Previous Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Account Owners:**

Primary Owner: \_\_\_\_\_

Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Joint Owner \_\_\_\_\_

Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*If necessary, additional owners can be updated on back of form.*

**New Address Information: (If P.O. Box Only, We Need A Physical Address)**

Street: \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Address Change Requested By: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this change of address form to:** South Central Credit Union  
958 W. Monroe St.  
Jackson, MI 49202

<b><i>For Credit Union Use:</i></b> Account # _____ Date: _____ Branch: _____ User: _____
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