

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

For Credit Union Use:
Account # _____ **Date:** _____ **Branch:** _____ **User:** _____

