

130 - 23rd Avenue SW Rochester, MN 55902 **mayocreditunion.org** 507-535-1460 **Tel** 800-535-2129 **Toll Free** 507-293-8118 **Fax**

Address Change Request

Member Number

Rev 6/20

Date

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When completing this form, please print and use blac				۲.	
SECTION A: Member Information					
Last Name First Name			M.I.	Social Security	#
Email Address	Work Phone		Home Phone		Cell Phone
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Applies To: □ Primary Owner □ Joint Owner(s) on accounts of this member number □ Child's Account (Check all that apply) Name(s):					
SECTION B: New Address Information (Foreign Addresses - Please See Section F)					
Residential Address (No PO Boxes	<u> </u>	T T T T T T T T T T T T T T T T T T T	<u> </u>	ss (If Different fr	om Residential)
Street	Apt #	Street			Apt #
City State	Zip	City		State	Zip
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SECTION C: Former Address Information					
Street					Apt #
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City		State			Zip
SECTION D: Other Services					
Do you have a MEFCU Debit Card? Yes	□ No				
Do you have a MEFCU Credit Card? ☐ Yes Do you utilize MEFCU Bill Pay? ☐ Yes	□ No □ No				
Would you like to reorder your current check sty		ed address?			Starting Check Number:
☐ Yes	☐ No If yes	, please enter	starting ched	ck 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 Effective Date					
X					
Please leave this form with a credit union representative or mail to Mayo Employees Credit Union, 130 23rd Avenue SW, Rochester, MN 55901.					
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.	o anaroso suan Bor m	<u>.</u>	<u></u>		
SECTION F: Foreign Address (Please enter each line exactly as address should appear on envelope.)					
•	Date: ID \ perty: Joint (_	nparison: soc. Mbr:	
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					Final Review: