



130 23rd Avenue SW, ROCHESTER, MN 55902
 PHONE: (507) 535-1460 TOLL-FREE: 800-535-2129
 FAX: (507) 293-8118 www.mayocreditunion.org

ADDRESS CHANGE REQUEST

DATE	MEMBER NUMBER

WHEN COMPLETING THIS FORM PLEASE PRINT AND USE BLACK INK

SECTION A: Member Information

NAME		LAST		FIRST		M.I.	
SOCIAL SECURITY #		WORK PHONE ()		HOME PHONE ()		CELL PHONE ()	

E-MAIL ADDRESS

Address Change Applies To: Primary Owner Joint Owner(s) on accounts of this member number
 (check all that apply) Children's Account Name if more than one joint owner _____

SECTION B: New Address Information (Foreign Addresses - please use space at bottom of form)

RESIDENTIAL ADDRESS (No PO Boxes)			MAILING ADDRESS (If Different from Residential)		
STREET	APT #		STREET	APT #	
CITY	STATE	ZIP	CITY	STATE	ZIP

SECTION C: Former Address Information

STREET		APARTMENT NUMBER	
CITY	STATE	ZIP	

SECTION D: Other Services

Do you have a MEFCU Debit Card? YES NO
 Do you have a MEFCU Credit Card? YES NO
 Do you utilize MEFCU Bill Pay? YES NO

Would you like to reorder your current check style with your updated address?
 YES NO If yes please enter starting check number →

Starting Check 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 X	EFFECTIVE DATE
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Please leave this form with a credit union representative or mail to Mayo Employees Credit Union, 130 23rd Avenue SW, Rochester, MN 55902. 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.

SECTION F: Foreign Address (Please enter each line exactly as address should appear on envelope)

FOR CREDIT UNION USE ONLY:

Taken by: _____ Date: _____ ID Viewed: _____ Signature comparison: _____
 MSR: FSP: _____ IRA: _____ Liberty: _____ Joint Owners: _____ Assoc. Mbr: _____ Mail Code: _____ Diary Memo: _____ Flsh Msg: _____
 Q2 Cust. Level: _____ Q2 user level: _____ Checks Re-Order: _____ Visa: _____ Bill Pay: _____