

NAME: _____

DATE: _____

ACCOUNT # _____

PRIMARY'S PHONE #'S

OLD ADDRESS: _____

Home Phone: _____

OLD CITY, STATE & ZIP _____

Work Phone: _____

Cell Phone: _____

NEW ADDRESS: _____

JOINT'S PHONE #'S

NEW CITY, STATE & ZIP: _____

Home Phone: _____

**If your new address is a P.O. Box Please list your
Physical Address**

Work Phone: _____

Physical Address: _____

Cell Phone: _____

By signing this form, I am hereby requesting & authorizing GEFCU to change the address on my account.
This form must be returned to a branch or faxed to (512) 836-3732

Signature: _____

Teller: _____