

CHANGE OF ADDRESS FORM

Name _____

Account No _____

Old Address _____

City _____ State _____ Zip Code _____

New Address _____

City _____ State _____ Zip Code _____

New Phone No _____

MEMBER SIGNATURE _____

Do You Have With WTECU?

MasterCard _____ Visa Debit Card _____ IRA _____

Checking Account _____

For WTECU Office Use Only:

Change Taken By: _____

Changed By: _____

Date: _____