LCRA CREDIT UNION
Address Change Request Form

(Federal regulations require a physical address regardless if the member prefers a different mailing address.)

Member Name:_____ **Account Number:**_____

New Physical Address:

Street Address	City	State	Zip
_____	_____	_____	_____

New Mailing Address (if not the same as above):

Street or PO Box Address	City	State	Zip
_____	_____	_____	_____

Previous Physical and/or Mailing address:

Street or PO Box Address	City	State	Zip
_____	_____	_____	_____

Phone Numbers: Day/Work: _____ Evening/Home: _____ Cell: _____

Email Address: _____

Change Address On Other Credit Union Accounts (spouse, children, etc.) ☐ N/A ☐ Yes ☐ No

Account Number	Account Name	
_____	_____	**Address Use:** ☐ Physical ☐ Mailing
_____	_____	**Address Use:** ☐ Physical ☐ Mailing
_____	_____	**Address Use:** ☐ Physical ☐ Mailing

Change MasterCard Address: ☐ N/A ☐ Yes ☐ No **Address Use:** ☐ Physical ☐ Mailing

Change IRA Account Address: ☐ N/A ☐ Yes ☐ No **Address Use:** ☐ Physical ☐ Mailing

Authorized Signature: _____ **Date:**_____

Verified By CU Employee (Signature): _____ **Date:**_____