ADDRESS CHANGE REQUEST

Date: _____

Members' Name:_____

Members' Account Number(s):_____

_____

Old Address: _____

_____

New Address: _____

_____

Home Phone*: _____Cell Phone*: _____

Email Address: _____

***Consent to Contact:** By providing my contact information, I consent to receive autodialed or prerecorded calls and text messages from the Credit Union, its agents, and service providers for informational purposes.

CHECK IF YOU HAVE THE FOLLOWING WITH WELCOME FEDERAL CREDIT UNION:

□ VISA credit card □ IRA Account

□ Virtual Branch Home Banking

Members' Signature: _____

Credit Union Information:
Completed by:_____

Date changed on Portico:_____

Date changed on QuickAsssist:_____

Date changed on VB Interact:_____

Date changed in Superior (IRA)_____