



## *Change of Address*

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**I authorize ECU Credit Union to update my membership with the following information.**

Member Name: \_\_\_\_\_

Member Number or Last 5 of Your SSN: \_\_\_\_\_

Mothers Maiden Name/Telephone Verification Code: \_\_\_\_\_

Home E-Mail Address: \_\_\_\_\_

Move date, if you are moving: \_\_\_\_\_

Street Address: Apt #: \_\_\_\_\_

City: State: Zip code: \_\_\_\_\_

Home Phone: Work Phone: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Hire date, if you are changing employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Please check if you would a Credit Union Representative to contact you.



Anywhere you see the  Co-Op Shared Branch logo you can conduct a range of financial transactions. To locate a Shared Branch facility visit <http://co-opsharedbranch.org/>

X \_\_\_\_\_

Member Signature:

\_\_\_\_\_

Date

**Please sign and return the form to ECU Credit Union by fax 727-393-0127 or mail P. O. Box 4818 Seminole, FL 33775. For more details call 727-471-1330.**