



Request For Address Change

Print this form, complete the top half, and sign to authorize change of address on your account.

Return by mail to: 1st Community Credit Union, PO Box 167, Sparta, WI 54656
 or Fax: 1st CCU-Sparta Office: (608) 269-8120 or 1st CCU-West Salem Office: (608) 786-1025

Account Number _____

Effective Date of Change: _____

Primary Member _____

Joint Member _____

New Address _____

City, State, Zip _____

Home Phone _____ Work/Other Phone _____

Email _____

(valid email address required if you are enrolled in eStatements, Bill Pay, etc)

Member Signature: _____

For Credit Union Use Only:

	Initials & MSR #	Action Date	Notes
Form Accepted			In person / Mail / Fax / Other
Signature Verified			Attach copy of Signature Card
Changed on VIEW			
Debit Card changed on Advantis			Pin Reminder? Yes No
Credit Card changed on PSCU			
Share Draft changed on Liberty			
Money Market changed on Liberty			
IRA changed on IRA Direct			
Lock Box changed on Lock Box Manager			Lock Box # _____
StarSaver changed on StarSaver Mgr			
eStatement changed VIEW & DigitalMailer			
BillPay changed VIEW & CU Services			
Security Officer Final Check			
Other			

Identity Verified by: _____