



528 Foothill Blvd. / P.O. BOX 11001  
La Cañada Flintridge, CA 91012-6001  
(800)592-3328 • Phone (818)952-4444  
www.cefcu.org

## CHANGE OF ADDRESS REQUEST FORM

Turn in your completed form **AND** a readable copy of a valid photo ID at any CEFCU branch, fax it to (818)949-0114, or mail it to: CEFCU, P.O. Box 11001, La Cañada Flintridge, CA 91012-6001.

Please print

<b>MEMBER NAME</b>	
<b>ACCOUNT NUMBER(S)</b>	
<b>ATM Card:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Credit Card:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Apply Change to Joint Owners:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Change address for Co-Applicants:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Effective Date:</b> MM / DD / YYYY	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary, End on: MM / DD / YYYY

Please check (✓) the appropriate box to indicate where you wish your CEFCU mail to be delivered.

<input type="checkbox"/> <b>Physical Address</b> (Must complete if using a Mail Stop or P.O. Box)		
STREET ADDRESS		
CITY	STATE/COUNTRY	ZIP/POSTAL CODE
PHONE NUMBER – HOME	PHONE NUMBER – WORK	
PHONE NUMBER – MOBILE		
EMAIL ADDRESS		
DRIVERS LICENSE	STATE/COUNTRY	

<input type="checkbox"/> <b>New Mail Stop / P.O. Box</b>		
MAILSTOP	P.O. BOX	
CITY	STATE/COUNTRY	ZIP/POSTAL CODE
PHONE NUMBER – HOME	PHONE NUMBER – WORK	

<b>Signature (Required)</b>	
	DATE
<b>X</b>	

<b>FOR CEFCU USE ONLY</b>	
<b>VERIFY AT LEAST TWO (2) OF THE FOLLOWING IDENTIFIERS</b>	<b>Received:</b> <input type="checkbox"/> In person <input type="checkbox"/> Mail <input type="checkbox"/> FAX <input type="checkbox"/> Email
<b>IDENTIFICATION TYPE</b>	<b>Verified By:</b>
<input type="checkbox"/> STATE ID/DRIVERS LICENSE	<b>Date</b> MM / DD / YYYY
<input type="checkbox"/> JPL BADGE/CIT ID	
<input type="checkbox"/> PASSPORT	
<b>KNOWN</b>	
<input type="checkbox"/> LAST 4 DIGIT OF SSN	
<input type="checkbox"/> SIGNATURE CARD	
<input type="checkbox"/> OTHER _____	