



Change of Address Request

972-494-5328
or 800-543-2811
www.americascu.org

Name _____

Member number (s) _____

Home phone # _____

Work phone # _____

Mobile phone # _____

Email _____

Address change effective date _____

ACU must maintain your physical (street) address in our files. Please provide your physical address in addition to your mailing address below. Address changes must be made either in person with Identity verified by driver's license/Govt. I.D. or via written request signed and dated. Signatures must be verified by comparing the signature against the membership signature card.

Physical (Street) Address

New _____
Address

City State Zip

Old _____
Address

City State Zip

Mailing Address

(If different from physical street address)

New _____
Address

City State Zip

Old _____
Address

City State Zip

I am the owner or joint owner of the above member number(s) and authorized to make this change.

Signature _____ Date _____

-----**Credit Union Use Only**-----

____ Signature verified if change provided by mail/fax, or
____ ID used to identify if change provided in office

Employee Name _____ Branch _____
Teller # _____ Date Completed _____