



# change of address

Please complete carefully and print clearly the entire form.

Member Number(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner Name in Full *(Please Print)* \_\_\_\_\_

Joint Owner Name *(Please Print)* \_\_\_\_\_

Previous Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Effective Date \_\_\_\_\_

New Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
( ) ( )

New Home Phone # \_\_\_\_\_ New Business Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Member Signature \_\_\_\_\_

Return to any branch or mail to: [Andrews Federal Credit Union, P.O. Box 4000, Clinton, MD 20735-8000.](#)

CREDIT UNION USE ONLY Branch/Dept # \_\_\_\_\_ Date Entered By (Initials) \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Data Verified By \_\_\_\_\_