

## MEMBER ADDRESS CHANGE REQUEST

Fill out this form, sign and return it either by person, fax, or mail to Select Employees Federal Credit Union, hereinafter called (SEFCU). A confirmation of your address change will be mailed to both your old and new address as a means of protecting your identity. Please allow two (2) business days from when SEFCU receives your request of processing.

Please call SEFCU with any questions you may have regarding your address change request at: (210) 223-6561 or Toll free Phone (888) 304-5309.

**FAX:**            **Member Services**  
**SEFCU**  
**Fax: (210)227-8125**

**MAIL:**            **Member Services**  
**SEFCU**  
**1914 Pan Am Expressway N.**  
**San Antonio, TX 78208**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security: \_\_\_\_\_ Driver's License# \_\_\_\_\_ State \_\_\_\_\_

Account Numbers(s): \_\_\_\_\_

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

Email Address \_\_\_\_\_

<u>Previous Address</u>	<u>New Address</u>
Street _____	Street _____
City _____	City _____
State _____	State _____
Zip Code _____	Zip Code _____

### What Services Do You Have With SEFCU?

<b>Checking</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>ATM or Visa Debit Card</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>Loans</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>IRA</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>Online Bill Pay</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Email Address</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>MasterCard</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Harland Checks</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no

**Member Signature:** \_\_\_\_\_

*Please be advised, in an effort to protect our customers from potential fraud or identity theft, Select Employees Federal Credit Union will not process a change of address request without customer signatures.*

**For Credit Union Use Only:**

Change requested (check one): In Person 0    Via Fax 0    Via Mail 0

Verified By: Mbr Svcs: \_\_\_\_\_ Ln Dept: \_\_\_\_\_ Date: \_\_\_\_\_ Fiserv: \_\_\_\_\_ Harland: \_\_\_\_\_