



Address Change Form

Member Account Number: _____

Primary Member Name: _____

Joint Member Name: _____

Does this change also affect the Joint Member?

Yes No

Joint Owner Account Number: _____

Does this change also affect Associated Member(s)?

Yes No

Associated Account Number: _____

Old Address:

New Street Address:

Note: If Address is a PO Box, please provide a physical address also.

New Phone Numbers and Email:

New Mailing Address:

Home: _____

Work: _____

Email: _____

Signature

Date

Please Mail or Fax Form To:

Amplify Federal Credit Union

P.O. Box 85300

Austin, TX 78708

FAX: (512) 491-1018

Credit Union Use Only:

Processed By

Teller #

Date

Identification Used (required)*

CHANGE MAIL CODE

(FSP Tool Member Details)

REMOVE FLASHING MESSAGE

*Indicate DL state/number, passport number, etc. If this is a phone request, please indicate method used to positively ID member; i.e.: SSN & DOB