

# Address Change

## Tulare County Federal Credit Union

Account Number \_\_\_\_\_ Date \_\_\_\_\_

Social Security # \_\_\_\_\_ Mother's maiden name \_\_\_\_\_

Member Name \_\_\_\_\_

Old Address \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

Home Phone Number (\_\_\_\_) \_\_\_\_\_

Work Phone Number (\_\_\_\_) \_\_\_\_\_

Member signature \_\_\_\_\_

### Staff Use Only

Dormant Account Activation    *Supervisor Signature/Date* \_\_\_\_\_

Visa Check Card                       Yes  No

Visa Credit Card                       Yes  No

IRA Account                             Yes  No                      IRA Account # \_\_\_\_\_

Other Accounts                         Yes  No                      Spouse # \_\_\_\_\_

Dependents # \_\_\_\_\_

# \_\_\_\_\_

Supervisor must authorize Dormant Account Activation. Check and verify each category above; account numbers must be listed. Copies are to be forwarded to appropriate department(s). Keep in separate file.

The staff member verifying this information must sign and date this form.

\_\_\_\_\_  
SIGNATURE OF STAFF MEMBER

\_\_\_\_\_  
DATE