



# ADDRESS CHANGE

Member #s\*

\*Multiple accounts may be listed as long as ownership is the same on all accounts. If ownership is different, a separate form is required.

Please update my Visa

Member Name	Last 4 of Social Security	eMail Address
Physical Address	City, State & Zip	Best Contact Phone #
Mailing Address if different from Physical Address	City, State & Zip	Alternate Contact Phone #

Joint Owner Name	Last 4 of Social Security	eMail Address
Physical Address <input type="checkbox"/> Same as Member	City, State & Zip	Best Contact Phone #
Mailing Address if different from Physical Address <input type="checkbox"/> Same as Member	City, State & Zip	Alternate Contact Phone #

Additional Owner Name	Last 4 of Social Security	eMail Address
Physical Address <input type="checkbox"/> Same as Member	City, State & Zip	Best Contact Phone #
Mailing Address if different from Physical Address <input type="checkbox"/> Same as Member	City, State & Zip	Alternate Contact Phone #

## Authorization

By signing below, I authorize SCE Federal Credit Union to change the address for each owner as indicated above.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

### Office Use Only

Request Accepted by

- Run "Address Verify"
- Change Address in Bill Pay (if applicable)