



REQUEST FOR 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 _____

Review Member Profile

Are entities (all owners) linked?

- No – Address Change Completed
 - No Special Characters
 - Use ALL CAPS, don't use address line 2
- Yes – Address Change Forwarded