



MEMBER ADDRESS CHANGE FORM

Member Name(s): _____

Driver License/I.D. #: _____ **State:** _____

Account No.: _____

Previous Address

Address: _____
City: _____ **State:** _____ **Zip:** _____

Current Address

Address: _____
City: _____ **State:** _____ **Zip:** _____

Physical Address (if mailing address is a P.O. Box)

Address: _____
City: _____ **State:** _____ **Zip:** _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

E-mail Address: _____

Member Signature: _____ **Date** _____

Altier CU Representative: _____ **Date** _____

As of May 1, 2009, accounts with return mail are assessed a \$5.00 returned mail fee.