

FLORIDA WEST COAST CHANGE OF ADDRESS FORM

Member Name: Account #	ŧ	
Member Social Security Number:		
Account numbers that you are requesting an address change for have minor accounts or additional savings or checking accounts	s with FV	VCCU)
FORMER ADDRESS :		
NEW ADDRESS:		
PHONE NUMBER:		_
EMAIL ADDRESS:		_
IF THE NEW ADDRESS IS A PO BOX PLEASE PROVID ADDRESS:	DE A PH	YSICAL
DO YOU HAVE A VISA CREDIT CARD WITH THE CU? DO YOU HAVE A VISA CHECK CARD WITH THE CU?	Yes Yes	No No
MEMBER SIGNATURE		

Date:

(If member did not sign at the Credit Union their signature must be notarized, member's signature can only be waived by a manager)

Sworn to an	nd subscribed before me this	day of	, 200_ by	
		who are personal	ly known to me or who	have
produced _		as identification.		

Notary Public State of Florida at Large

My Commission Expires: _____