

CHANGE OF ADDRESS FORM

Change address from:

Account: _____

Date: _____

Branch: _____

User: _____

Please change the address for the following account owners:

Primary owner's name: _____

Joint owner/joint member name: _____

Joint owner/joint member name: _____

New address information:

Extra Address: _____

Street: _____

City: _____

State: _____

Zip: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Email Address: _____

Additional Services:

Do you have an IRA account? _____ Yes _____ No

Is AFFINION AD&D Insurance deducted from account? _____ Yes _____ No

Are you a client of Wealth Management program? _____ Yes _____ No

Member/joint owner signature: _____

Return Signed form to:

Michigan First Credit Union
27000 Evergreen Road
Lathrup Village, MI 48076

FOR CREDIT UNION USE ONLY

Date Signature Verified: _____

D.L.# _____

Verified By: _____