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ADDRESS CHANGE REQUEST

IMPORTANT: Curis Financial Credit Union employee must be able to verify the member signature to make an address change.

Member Name _____

Member # _____

PREVIOUS ADDRESS

Street _____

City _____ State _____ Zip Code _____

NEW ADDRESS

Street _____

City _____ State _____ Zip Code _____

Primary Phone _____ Email _____

Member Signature _____ Date _____

FOR CREDIT UNION USE ONLY

Verified By _____ Date _____
(Employee Signature)