



CHANGE OF ADDRESS FORM

Please turn off 'Highlight Fields' before printing. Thank you!

Name _____

Account number _____

Old address _____

City, State, ZIP _____

Old home phone number () _____ - _____

Old work phone number () _____ - _____

Old e-mail address _____

New address _____

City, State, ZIP _____

New home phone number () _____ - _____

New work phone number () _____ - _____

New cell phone number () _____ - _____

New e-mail address _____

Order new checks? Yes ~Number of boxes: _____ No

Effective date of address change _____

Signed: _____

(Must be signed by an account owner.)

Please print legibly or type. When completed, mail or fax to:

Alabama Credit Union, P. O. Box 862998, Tuscaloosa, AL 35486-0027; Fax 205-348-3892.

You may also provide this information by logging on to your ACUiBranch® account at AlabamaCU.com, choosing User Services, and sending a secure e-mail to us.

For credit union use only:

_____ Account

_____ New checks

_____ VISA credit card

_____ Other: _____

_____ E-mail sent to AddressChange@AlabamaCU.com

Completed by: _____ Date: _____

Department/Branch: _____ Phone: _____