

Change of Address

Please complete this document and return to the credit union office by mail or fax. This form requires a valid member signature in order to be processed.

Date _____ Account # _____
Name _____ Primary Owner _____ Joint Owner _____

- ___ Change address of Primary Owner **ONLY**
- ___ Change address of Joint Owner **ONLY**
- ___ Change address of **ALL** account owners

New Address: _____
Street _____ Township _____
City _____ State _____ Zip _____
Home Phone # _____ Cell Phone # _____

Old Address: _____
Street _____
City _____ State _____ Zip _____

Member Signature** _____ Staff Signature _____

** No changes will be processed without valid member signature

Return to: **Dowagiac Area Federal Credit Union**
473 E. Division St.
Dowagiac, MI 49047
Fax: 269-782-9870

FOR OFFICE USE ONLY

ATM/Debit Card (Y/N) _____ VISA Credit Card (Y/N) _____
Address updated on RCO by _____
Address updated on COOP by _____
Address updated on VISA by _____