

Change of Address

Please complete this document and return to the credit union office by mail, email (**dafcu@dafcu.net**) or fax (**269-782-9870**). This form requires a valid member signature in order to be processed.

Date _____ Account # _____

Name _____

Primary Owner _____ Joint Owner _____

___ Change address of **ALL** account owners

New or Alternate Address (Circle one)

New Address: _____

Street _____ Township _____

City _____ State _____ Zip _____

E-mail address _____ Home/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

FOR OFFICE USE ONLY

If Alternate address, specify dates _____

VISA Credit Card (Y/N) _____ Address updated on VISA by _____

Address correction on CU Answers completed by _____