



P.O. Box 5706; Abilene, TX 79608  
325-677-2274; 800-677-6770  
abileneteachersfcu.org

## ADDRESS CHANGE NOTIFICATION

Please print this form and check one of the options below. Complete the indication section, obtain the necessary signatures and return the form to us in person or through the mail.

- Change the address of the Primary Owner only or both the Primary Owner and the Joint Owner if they share a single address. Complete **Section A**.
- Change the address of a Joint Owner only. Complete **Section B**.

### Section A

Primary Owner Name: \_\_\_\_\_ Primary Owner Member Number: \_\_\_\_\_

Primary Owner Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**New Mailing Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**New Physical Address** (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Primary Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Joint Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Section B

Primary Owner Name: \_\_\_\_\_ Primary Owner Member Number: \_\_\_\_\_

Joint Owner Name: \_\_\_\_\_

*Please complete the rest of this section with Joint Owner Information.*

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**New Mailing Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**New Physical Address** (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Primary Owner's Signature:** \_\_\_\_\_ **Signature Date:** \_\_\_\_\_

**Joint Owner's Signature:** \_\_\_\_\_ **Signature Date:** \_\_\_\_\_