



P.O. Box 5706 Abilene, Texas 79608  
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## ADDRESS CHANGE NOTIFICATION

Please print this form and check one of the options below. Complete the indicated 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 the Joint Owner only. **Complete Section B**

### Section A

Primary Owner Name \_\_\_\_\_ Primary Owner Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

New Physical Address: (if different) \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_  
Primary Owner's Signature

\_\_\_\_\_  
Date

### Section B

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

*Please complete the rest of this section with joint owner information.*

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

New Physical Address: (if different) \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_  
Primary Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner's Signature

\_\_\_\_\_  
Date