Selfreliance Federal Credit Union
Самопоміч Українська Федеральна Кредитова Спілка

2332 W. Chicago Ave., Chicago, IL 60622 Phone: 773-328-7500 Fax: 773-328-7501

Account Number _____

Name _____

Select address type to be changed:

☐ Primary address ☐ Mailing address
☐ Joint Owner address ☐ Authorized User
☐ Other (specify) _____

Please complete form and return to:
Selfreliance FCU Attn: Member Services
2332 W. Chicago Ave. Chicago IL. 60622
or stop by any Selfreliance location

Previous Address

Street Address (include Unit #) _____

City State/Province Zip/Postal Code _____

This Address Change request will change the primary address to all your associated accounts where you are the Primary account owner. A separate form must be submitted for each account where you are a Joint Owner/Authorized User. A Joint Owner may only change his/her primary address or the mailing address on an account where he/she is the Joint Owner. We must have a physical address on file; however, you can add a mailing address, see below.

New Address

Street Address (include Unit #) _____

City State/Province Zip/Postal Code _____

Phone number(s) cell / residence e-mail _____

Please be advised if mailing address on the account, including seasonal mailing address, differs from primary address, all tax forms will be sent to the primary address.

Mailing Address: Please complete this section only if you prefer mail to be sent to a different address such as a PO Box, etc.…

Street Address (include Unit #) _____

City State/Province Zip/Postal Code _____

For Office use only:

Employee accepting form _____ date _____

Employee processing form _____ date _____

Address changes made on:

- ☐ FORZA
- ☐ Pop-up message created with an expiration date of 30 days
- ☐ VISA® credit card – i-memo
- ☐ Form scanned into Digital Documents
- ☐ Notice generated

Seasonal mailing address:

Street Address (include Unit #) _____

City State Province Zip/Postal Code _____

Date range – FROM: _____ TO: _____
month/day/year

By signing below, I certify that all information given is true and correct. I authorize Selfreliance FCU to update my account as applicable with the new information I provided.

_____
Signature/date Account Owner/Joint Owner/Authorized User

_____
Name (print)