

CHANGE OF ADDRESS

Florida A&M University Federal Credit Union

1610 South Monroe Street, Tallahassee, FL 32301

Phone 850-222-4541 ■ Fax 850-222-5401

Name:	Member/Account Number:
Address:	
City, State Zip:	
Home Phone: ()	Work Phone: ()
Alternate Address: <i>(Please complete if using a P.O. Box or Route Address)</i>	

Type of Account(s) *(Please Check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Member's Primary Account | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Business Checking Account | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Personal Line of Credit | <input type="checkbox"/> Other (specify) _____ |

Member Signature

Date

Internal Use only	Sent/Requested via:	<input type="checkbox"/> Mail	<input type="checkbox"/> Facsimile	<input type="checkbox"/> In Person
_____ Date Received	_____ Date Entered	_____ Employee Signature	_____ Verified by	