

**Churchill County Federal Credit Union**  
**667 S. Maine Street**  
**Fallon, NV 89406**  
**775-423-7444 \* 775-423-7223 fax**  
+

Please change my address to:

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

**REMEMBER: There is a \$2.00 fee for returned quarterly statements. We must have this form signed and returned to us prior to changing your address in order for you to avoid the \$2.00 fee. Statements are generated the last working day of the month and that is the address on record that your statement will be mailed to.**

To assure protection of your identity and account information we must have your address change in writing. Please provide answers to two of the questions below, sign, date, and return to us. Once we have your signature on file, we will change your address and/or phone number and we will forward any mail returned to us on to your new address

Last four numbers of your social security number: \_\_\_\_\_

Mothers Maiden Name or your password: \_\_\_\_\_

Your account number: \_\_\_\_\_

What kind of account is this?  
Joint / Individual / Trust \_\_\_\_\_

Old address: \_\_\_\_\_  
\_\_\_\_\_

Old or current Phone number: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Prior to changing your address, we will match your signature to your account card on file.