

# METROPOLITAN FEDERAL CREDIT UNION



4420 MADISON AVE. KANSAS CITY, MO. 64111 PH: (816) 931-4164 Fax: (816) 931-6847

## CHANGE OF NAME/ADDRESS FORM

To ensure the security of your personal information, your signature is required to change your address. **Please complete a separate form for each member at this address.** Simply print, complete and drop off the Change of Address Form to Metropolitan Federal Credit Union. Please use the enclosed envelope, or you may fax this completed form to (816) 931-6847.

Address Verification       Address Change       Name Change

### Member Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Drivers License #: \_\_\_\_\_ Last 4 Digits of your SSN: \_\_\_\_\_  
Mothers Maiden Name: \_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_\_) \_\_\_\_\_  
Work Phone:(\_\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### Previous Address:

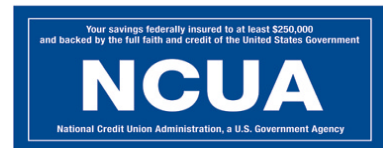
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

### New Address:

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Please Indicate Your Accounts By Check Mark

Regular Savings       Checking Account  
 ATM/Debit Card       IRA  
 Certificates of Deposit       Loan  
 Christmas Club       Other: \_\_\_\_\_



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

### FOR CREDIT UNION USE ONLY

Address Changed By: \_\_\_\_\_ Date: \_\_\_\_\_ Verified By: \_\_\_\_\_ Date: \_\_\_\_\_  
ATM/Debit Card Changed By: \_\_\_\_\_ Date: \_\_\_\_\_  
IRA Information Updated By: \_\_\_\_\_ Date: \_\_\_\_\_