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.

completed form to (816) 931-6847.					
☐ Address Verification	☐ Address Change		☐ Nam	ne Change	
Member Information					
First Name:	MI: Las	st Name:			
Member Account #:		Last 4 Digits of your SSN:			
		DOB:/			
Drivers License #:	Но	Home Phone:()			
Work Phone:()	Cel	l Phone:()		
E-M	Iail Address:				
Previous Address:					
Street Address:					
City:	State	Z	ip Code:	 	
New Address: Street Address: City:	State	7:	in Code:		
City	State		ip code		
Please Indicate Your Accounts By C	Check Mark		Your savings feder and backed by the full faith a	ally insured to at least \$250,000 and credit of the United States Government	
Regular Savings	☐ Checking	Account	National Credit Union Adm	ministration, a U.S. Government Agency	
ATM/Debit Card	☐ IRA				
☐ Certificates of Deposit	☐ Loan				
☐ Christmas Club	Other:			 	
Signature:		D	ate:		
	FOR CREDIT UNI	ON USE ONLY	7		
Address Changed By:	Date:	Verified By		Date:	
ATM/Debit Card Changed By:		Date:			
IRA Information Updated By:		Date:		-	