



Eaton Employees Credit Union

REQUEST TO CHANGE ADDRESS

Name: _____

Account #: _____

Checking Account: **Yes** or **No**

New Address: _____

New Phone#: (_____) _____ Cell # (_____) _____

Email Address: _____

Member Signature: _____ Date: _____

Account Maintenance Performed by: _____

If Received by Mail – Member Contacted for Verification: _____

For Checking Account/Debit Card - Change Address in Shazam: _____

Date Maintained: _____