



1550 Medical Drive  
 Pottstown, PA 19464  
 610.326.3705  
 www.tcafcu.org

## ADDRESS CHANGE FORM

*Please allow us to update your account by completing the information below & returning the signed original to our office, either in person or by mail. Forms will not be accepted by fax.*

### PRIMARY MEMBER:

**Name:** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**New Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Mailing Address (if different from above):**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**Work Telephone:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### JOINT OWNER:

**Name:** \_\_\_\_\_

**Previous Address:**  (check if same as primary)  
 \_\_\_\_\_  
 \_\_\_\_\_

**New Address:**  (check if same as primary)  
 \_\_\_\_\_  
 \_\_\_\_\_

**Mailing Address:**  (check if same as primary)  
 \_\_\_\_\_  
 \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**Work Telephone:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### List **ALL** Member Numbers to be changed:

(Note: You **MUST** be a signer on each account listed) \_\_\_\_\_

I authorize a change of address on **ALL** accounts under the above member number(s) and on any **Visa Credit Card** issued to me by Tri County Area FCU.

**Signature:** \_\_\_\_\_ **Joint:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### For Credit Union Use:

Identification Verified:	Completed by:	Date:
<b>Method of Verification Used:</b>	_____	_____
Driver's License: # _____	State	_____
Passport: _____		
Signature on OnBase: _____		
Other: _____		

FSP Member Details:	Completed by:	Date:
Joint Owner Details:	_____	_____
Diary Memo Removed:	_____	_____
Mail Code Changed:	_____	_____
Credit Card Address Changed:	_____	_____
Bill Pay:	_____	_____