

Statewide FCU Change of Address Form

Date: _____

Account Number: _____

Name: _____

Old Mailing Address: _____

New Mailing Address: _____

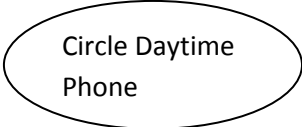
Physical Address, if Mailing Address is PO Box: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail Address: _____



Please indicate if you have one of the following accounts:

VISA (#): _____

IRA Account (#): _____

Member's Signature authorizes change and verifies that the above information is correct.

X _____

Mail to: Statewide FCU
Attn: Cindy C.
PO Box 320483
Flowood, MS 39232-0483

Fax to: 601-420-5289
Attn: Cindy C.

Credit Union Personnel Use Only

Teller # _____ Initials _____

Maintenance Date _____