



P.O. Box 320483
Flowood, MS 39232-0483

Change of Address Form

Date: _____

Account Number: _____

Name: _____

Old Mailing Address: _____

New Mailing Address: _____

Physical Address, if Mailing Address is PO Box: _____

Phone Number (check the box of your preferred method of contact):

Home: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Please indicate if you have one of the following accounts:

VISA Credit Card (#): _____

IRA Account (#): _____

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

X _____

Mail to:

Statewide FCU
P.O. Box 320483
Flowood MS 39232-0483

Fax to:

601-420-5289

Credit Union Personnel Use Only

Teller ID: _____ Initials: _____ Maintenance Date: _____ Branch: _____