

# EPB EMPLOYEES CREDIT UNION

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## Address Change Form

### Address Change Request Form

One Form Per Member

As a convenience, we are providing this form on-line to expedite your desire to change the address of record. Since, we are required to have written authorization from you permanently on file, please take a moment to type in the necessary information below. Once completed, please sign the form and FAX, mail or bring it to us as soon as possible. Each member having his/her own membership account (unless a minor less than 18 years of age) must sign a form, even if several members have the same address.

(Please Type Name)

(Account Number)

I have the following account types:

- Shares/Savings/CDs/Loans
- Draft/Checking
- Visa Debit Card
- MasterCard Credit Card
- Visa Credit Card

For Credit Union Use

- CUSA
- Liberty Direct
- Fiserv EFT
- Certegy
- Certegy

Change my address of record starting (date):

(Please Type Date)

Old Mailing Address:

New Mailing Address:

New Physical Address (if different from above or if a P.O. Box is used above):

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Sign Name)

In accordance with the Internal Control Policy and the Information Security Program, the following form is used to document and/or authorize changes to members' accounts. This form will be reviewed by Management, Supervisory/ Audit Committee, Independent Auditors and State Examiners to verify compliance and authenticity.

For Credit Union Use: Checked off Member Audit Report (M601) and filed in Membership File. \_\_\_\_\_