

MEMBER ADDRESS CHANGE REQUEST

Fill out this form, sign and return it either by person, fax, or mail to **Generations Community Federal Credit Union**, hereinafter called (GFCU). A confirmation of your address change will be mailed to both your old and new address as a means of protecting your identity. Please allow two (2) business days for processing.

Please call GFCU with any questions you may have regarding your address change request at: **(210) 229-1128 or Texas toll-free 1-800-232-8178.**

FAX: GFCU Account Servicing
(210) 554-3584
 email: ChangeOfAddressMM@MyGenFCU.org

MAIL: GFCU Account Servicing
 P.O. Box 791870
 San Antonio, TX 78279-1870

Name _____ Date _____
 Social Security # _____ Driver's License # _____ State _____
 & Expiration Date _____
 Account Number(s) _____
 Home Phone _____ Work Phone _____
 E-mail Address _____ Cell Phone _____

New Physical Address

New Mailing Address (if different than physical)

Address _____
 Apt./Suite# _____
 City _____ State _____
 Zip Code _____

Address _____
 Apt./ Suite# _____
 City, State _____ State _____
 Zip Code _____

Services

If joint account, will this request apply to all account holders? Yes No

Do you currently have a IRA w/ GFCU? Yes No

Member's Signature _____

FOR STAFF USE ONLY		Record Type, Number, and Expiration of Identification Presented	
Date Input		Employee's Signature & Operator ID #	/
Date Audit		Employee's Signature & Operator ID #	/
Update: Statement mail code and warnings if applicable:			
Valid Identification Verified on OnBase:			<input type="checkbox"/> Yes <input type="checkbox"/> No

Reviewed 06/19/15

