CHANGE OF ADDRESS

⇨ ⇨ **Coloramo FCU has a $15.00 fee for any Mail that is returned as undeliverable** ⇦ ⇦

X

Member's Name: (Please Print) **Member's Signature** **Date**

Member's Account Number Please list any/all other Account Numbers to be changed

☆ **If Applicable: Should Joint Owner Information be changed as well?** ☐ **Yes** or ☐ **No**

Please list names of Joint Owners on the Account(s) for which the address needs to be changed.

OLD Mailing Address: _____
Address City State ZIP

NEW Mailing Address: (or P.O. Box)

Address

City State ZIP

NEW Physical Address: (REQUIRED by US Patriot Act)

Address

City State ZIP

Home Phone # **Daytime/Work Phone #** **Cell Phone #** **Employer Name**

Email Address: _____

◇ ◇

For Credit Union Use Only: ODA Changed: _____ Staff Initials

Received By: _____ Staff Initials Signature Verified By: _____ Staff Initials IRA? Y or N Changed By & Date: _____ Staff Initials ____ / ____ / ____

Virtual Branch? Y or N Changed By & Date: _____ ____ / ____ / ____