

Change Of Address Request

INSTRUCTIONS: Please provide all information on this form. You can type the information into your Acrobat Reader, or you can print it first and then fill it out by hand. **Be sure to sign the form.** When completed, bring the form to your nearest branch, or mail, or fax it to Langley Federal Credit Union. The address and fax number is at the bottom of this page.

Member #: Guardian Account #: Effective Date:

Name: SSN/TIN #:

New Residential Address:

City: State: Zip Code: -

New Mailing Address:

City: State: Zip Code: -

Home Phone #: Work #: Ext #:

Email Address:

Former Mailing Address:

City: State: Zip Code: -

MEMBER/GUARDIAN SIGNATURE:

FOR OFFICE USE:

MAIL CODE CHECKED	WARNING FLAG REMOVED	IF A TM RESTRAINING ORDER IS REQUIRED, FMD BY: THEN FORWARD ORDER TO A TM DEPARTMENT
DATE:	TAKEN BY (Initials):	OP#BRANCH:
FMD BY:	DATE:	MEMBER RECORDS DEPT:

Form CHGADD (Rev. 08/2001)

Mail To:
LANGLEY FEDERAL CREDIT UNION
Att: Contact Center, Change of Address
P.O. Box 7463
Hampton, Virginia 23666-0463

Fax To:
LANGLEY FEDERAL CREDIT UNION
1-757-825-7557 or 1-757-825-7522