



## CHANGE OF ADDRESS APPLICATION

Please complete this application if you would like to change your address, phone number, or email address information. Just complete the requested information in the provided fields. Then print, sign, and mail the completed form to Allegiance Credit Union, 4235 N Meridian, Oklahoma City, OK 73112 or fax it to (405) 491-6121. You may also bring this form into one of our five convenient branch locations.

Member Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Mother's Maiden Name or password: \_\_\_\_\_

*\*If P.O. Box is used as primary address, an alternate current physical address on file is required.*

### PRIMARY ADDRESS

Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### ALTERNATE ADDRESS

Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I agree that the changes on this application amend the previously signed membership application and are still subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, and Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Credit Union Use Only:

Verified By: \_\_\_\_\_ Teller# \_\_\_\_\_ Date: \_\_\_\_\_

Audited By: \_\_\_\_\_ Date: \_\_\_\_\_