



- Please print clearly in **black ink only** and **initial any changes** to this form.
- All fields must be completed unless noted.
- A separate change of address form must be submitted for each accountholder.
- Change of address will also be made to all of your associated accounts including your VISA® credit card, if applicable.
- If you provide a P.O. Box, please include a photocopy of documentation verifying your physical address such as a utility bill, lease agreement, insurance bill, etc. as proof of residency.

Change of address to:

- Primary address
- Secondary address
- Joint owner address

Member Account Number

1 Member Information

First Name

Middle Initial

Last Name

2 Old Address

Old Street Address (include unit #)

City

State/Province

Zip/Postal Code

Country

3 New Address and Phone Number(s)

Street Address (include unit #) (no P.O.Box if primary address)

City

State/Province

Zip/Postal Code

Country

Home Phone

Work Phone (optional)

E-mail

4 Signature

X

Member Signature (required)

Date

If member is a child under age 12, a parent, grandparent or guardian must sign the child's name and their own name and date (i.e. "John Smith, a minor, by parent, Mary Smith").

FOR OFFICE USE ONLY:

1 Processing: Teller ID _____ Service Center/Dept. _____ Date _____

2 Verification: Reviewed by Teller ID _____ Date _____ Confirmation # _____

3 Imaging: Forward to Document & Workflow (Steps 1 & 2 must be completed prior to Imaging.)

COMPLETE FORM AND RETURN:

Stop by your local Alliant Service Center,
 or mail to: Alliant Credit Union
 Attn: Account Services
 P.O. Box 66945
 Chicago, IL 60666-0945
 Fax to: 773-462-2124

FOR MORE INFORMATION:

Call 773-462-2000
 or toll-free 800-328-1935
 TDD/TTY 773-462-2300

