



Montana Federal Credit Union

Address Change Form

Please complete this form in its entirety. **In order to process this form, it must be signed.** We may contact you if we have any questions regarding these changes. Please include up to date information in the "Contact Information" section below. Each account owner complete an address change form.

Date address change to go into effect: _____ Date to expire address change (optional): _____

Member Information:

Name: _____ Date of Birth: _____ Member Number: _____
First Middle Initial Last
Current/Previous Occupation: _____ Employment Status: Employed Unemployed Retired

Contact Information (at least one contact method required):

Email: _____ Preferred Contact Method: _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____

New Information:

Address: _____ City: _____ State: _____ Zip: _____
Mailing Address if different than above:
Address: _____ City: _____ State: _____ Zip: _____

Old information (For verification purposes):

Address: _____ City: _____ State: _____ Zip: _____

Please select an option below regarding member numbers to be changed:

- Change the information ONLY for the member number listed above in the member information section.
- Change the information for ALL member numbers on which my name appears as an authorized signer/owner.
- Change the information for ONLY member numbers on which I am the primary holder.
- Change the information for the member numbers listed below:

I authorize Montana Federal Credit Union to make the changes listed on this form.

Member Signature: _____ Date: _____

Completed form can be emailed to supportcenter@montanafcu.com or mailed to PO Box 5027 Great Falls, MT 59403.

For Credit Union Use:

Accepted By: _____ Date: _____ Processed By: _____ Date: _____
Identity verified by: _____