

ADDRESS CHANGE REQUEST

Use this form to change your address with the credit union. For your protection, all address changes must be made either in person or in writing.



Directions

1. Please provide the requested information so that your account(s) can be updated.

Effective Date of Change _____

Metro Account Number(s) Affected _____

Name _____

Joint Member's Name (if applicable) _____

Current Address _____

City _____ State _____ Zip Code _____

New Address _____

City _____ State _____ Zip Code _____

New Home Phone (with area code) _____

I/We have a (please check all that apply) ATM or Debit Card Visa Card IRA

Signature _____ Date _____

Joint Member's Signature _____ Date _____

Mailing Address
Columbus Metro FCU
P.O. Box 13240
Columbus, OH 43213

Contact Us
By Phone 614.239.0210 or 800.986.3876
By Fax 614.239.0988
Online www.columbusmetro.org