

# Record of Address Change



Member Number \_\_\_\_\_

Primary Member Name \_\_\_\_\_

Primary last 4 digits of Social Security Number \_\_\_\_\_

Joint Member Name(s) \_\_\_\_\_

Joint last 4 digits of Social Security Number(s) \_\_\_\_\_

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**Diamond Valley Federal Credit Union MUST have a physical address on file. We can ONLY use a PO Box for mailing purposes.**

**NEW** Home Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Is the Joint member's address the same as the Primary Member's address?**

Yes     No

**If you answered No to the question above, please fill out address of Joint member below:**

**JOINT** Home Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

If you wish to have your mail from Diamond Valley Federal Credit Union sent to a **MAILING ADDRESS** such as a PO Box, please complete the following section:

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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**I give authorization for Diamond Valley Federal Credit Union to make changes to all my/our accounts listed on this form.**

PRINT NAME \_\_\_\_\_

Signed by \_\_\_\_\_ Date \_\_\_\_\_

*Primary or Joint Member or Authorized Agent Must Sign*

**Mail form to:**

**Diamond Valley Federal Credit Union**

**840 Diamond Avenue**

**Evansville, IN 47711**

**Phone: (812) 425-5152**

Please print form, complete, sign, then mail or return to the credit union.