

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) _____

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 _____

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.