



## ADDRESS CHANGE REQUEST

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\*Required Information

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### Previous Address Information

\*Member Account Number: \_\_\_\_\_

\*Name (First Mi Last): \_\_\_\_\_

\*Street Address: \_\_\_\_\_

\*City, State, Zip: \_\_\_\_\_

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\* \_\_\_ Permanent or \_\_\_ Temporary Change    \*If temporary, from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

### New Address Information

\*Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

\*City, \*State, \*Zip: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\*Does the joint members address need to be changed? \_\_\_ Yes \_\_\_ No \_\_\_ N/A

Joint Members Name: \_\_\_\_\_

**In order to process the change please print out this form and submit it by fax to 931-486-3137 or mail to FAFCU,  
ATTN: Member Services - P.O. Box 39, Spring Hill, TN 37174**

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\* Designates mandatory information required to process a change of address.