



**CHANGE OF PERSONAL INFORMATION**

**Please return to:** Express Credit Union

**Mail:** P.O. Box 94286

Seattle, WA 98124

**Fax :** 206-622-2073

**Email picture:** memberservices@expresscu.org

Name(s): \_\_\_\_\_

Joint Name(s): \_\_\_\_\_

Old Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**New Physical Address:** \_\_\_\_\_ Apt # \_\_\_\_\_

**(Required)** City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

New Mailing Address:  Same as Physical Address  Same for Joint Owner

P.O. Box \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email for Member: \_\_\_\_\_

Email for Joint Owner: \_\_\_\_\_

Account Number(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If this Change of Address was required in order for us to re-order your ATM/Debit/Credit card, please initial here: \_\_\_\_\_.

ECU Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_