



For security reasons, Loudoun Credit Union requires the following for all address changes:

- Change must be submitted in writing
- Verification of identity is required
- Member signature is required on all changes

Name \_\_\_\_\_ Account Number \_\_\_\_\_

Email Address \_\_\_\_\_

Effective Date of Change \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Other Member Accounts where you are joint or have signatory privileges and you would like the address changed:

Account#	Primary Member Name
_____	_____
_____	_____
_____	_____

Old Address	New Address (Note: Cannot be PO Box)
_____	_____
_____	_____

**I hereby authorize Loudoun Credit Union to change the above address for the accounts requested.**

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

**For Credit Union Use Only:**

Verified ID by	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Acct Records	Teller ID _____
	Teller #	Date	Initials
Address File Maintenance			
VISA Debit Card Update			
VISA Credit Card Update			
Liberty Check			
Bill Pay			