



SOUTHERN GAS FEDERAL CREDIT UNION

P O Box 2600 Little Rock, AR 72203 Phone: 501-374-2031 Fax: 501-374-2041 Email: info@southerngasfcu.com

Address Change Request Form

Please Print

Member Name: _____ Member Number: _____

Old Address on File:

Mailing Address/PO Box: _____

City _____ State _____ Zip Code: _____ Home Phone _____

Cell Phone: _____ Work Phone: _____ Email Address _____

New Mailing Address and Contact Information:

Mailing Address/PO Box: _____

City _____ State _____ Zip Code: _____ Home Phone _____

Cell Phone: _____ Work Phone: _____ Email Address _____

****If new mailing address is a PO Box , the Physical Address MUST be obtained in order to meet member identification program requirements.****

New Physical Address (if different from Mailing Address):

Physical Address: _____

City _____ State _____ Zip Code: _____

Member Signature: _____ Date: _____

By signing this form, you understand that SGFCU will change the mailing, physical, or both addresses on the above listed membership to the new address indicated. Only the Account Owner(s) may change the address on the membership.

PLEASE NOTE: If address change is mailed or faxed, then signature must be notarized OR include a current copy of a utility bill, cell phone bill, or paycheck stub that includes name and new address.

Notary Public Signature: _____ Subscribed and sworn to before me on this _____ day of _____.

For Office Use Only

Are there IRA accounts on the membership? If so, make sure that Ascensus is updated with the new address. __ Yes __ No

Is there a Returned Mail note on the membership? If so, inform Accounting of address change so returned mail can be forwarded. __ Yes __ No

Is there an ATM card or Debit card on the account? If so, update the plastic card address in Desktop Director. __ Yes __ No

Address changed by: _____ Date: _____