



202.789.2901  
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## CHANGE OF ADDRESS

Please complete this form or legibly print the following information:

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

Account #: \_\_\_\_\_

MasterCard Check Card Number: \_\_\_\_\_

Name: \_\_\_\_\_

New Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

Alternate Email: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Credit Union Use Only

Date Changed: \_\_\_\_\_ Staff Name: \_\_\_\_\_