



**ADDRESS CHANGE FORM**

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

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

Primary Member Name: \_\_\_\_\_

Please list additional accounts to be updated: \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**PREVIOUS ADDRESS**

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

**NEW ADDRESS**

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

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

**By signing below, I authorize a change of address to be made on all listed accounts, in which I am a signer, and that have the previous address on file. I certify that all information I have provided is true and correct.**

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

**Deliver, mail or fax this form to Financial Plus Credit Union:**

1831 25th Street  
West Des Moines, IA 50266  
515-224-1222  
Fax: 515-224-0961

4303 Fleur Drive  
Des Moines, IA 50321  
515-256-7955  
Fax: 515-256-9784

2850 East Euclid Avenue  
Des Moines, IA 50317  
515-283-2526  
Fax: 515-247-9101

609 38<sup>th</sup> Street  
Des Moines, IA 50312  
515-274-4100  
Fax: 515-256-9784

**For Credit Union Use Only:**

Credit Card  Debit Card  Checks  IRA  Initials / Date \_\_\_\_\_