

ADDRESS CHANGE REQUEST FORM

INSTRUCTIONS: Fill out this form, sign, and return it either in person, by fax, or mail to **Salal Credit Union**. You may also change your address through Online Banking (using the Services tab). Please allow two (2) business days for processing.

We cannot make any changes without your signature.

Primary Member Name:		Membership Number(s):
Joint Member(s) with Same Address:		
Primary Member Home Phone:	Primary Member Work Phone: Ext.	Primary Member Cell Phone:
Joint Member Home Phone:	Joint Member Work Phone: Ext.	Joint Member Cell Phone:
Primary Member Email Address:		Joint Member Email Address:
New Physical Address		New Mailing Address (if different than physical)
Street Address:		Street Address:
Apt., Unit or Suite:		Apt., Unit or Suite:
City:	State:	City: State:
Zip Code:		Zip Code:
<input type="checkbox"/> Temporary Address: Begin Date: End Date:		
Member Signature:		Date:
CREDIT UNION USE <input type="checkbox"/> Episys updated <input type="checkbox"/> Business Accounts? Email Business Services. <input type="checkbox"/> Mortgage Loans? Email DL Mortgage Servicing.		<input type="checkbox"/> Individual Retirement Accounts (IRA)? Forward signed form to Retail Support. <input type="checkbox"/> Scan completed form into Synergy.
Comments:		
Branch:	Employee Name:	Teller Number:

Mail to:
Salal Credit Union
PO Box 75029
Seattle, WA 98175-0029

Fax to:
206.298.3495