Mid-Atlantic
Federal Credit Union

Member Change of Address Form

Member No: _____ Date _____

_____
Member/Joint Owner Name

Old Address - _____
_____
_____

Date Moved - _____

New Address - _____
_____
_____

Occupancy ☐ Own ☐ Rent ☐ Live with relatives

Type ☐ Home ☐ Work ☐ Mailing

Phone #'s Home _____
Work _____
Cell _____

Check all services/accounts you currently have with Mid-Atlantic FCU:

- ☐ Credit Card
- ☐ Checks
- ☐ Do you want to order new checks?
- ☐ Bill Pay
- ☐ Home Equity

_____
Member/Joint Owner Signature