



MEMBER ADDRESS CHANGE NOTIFICATION
Complete and mail, email or fax this form to:

SMW 104 Federal Credit Union
 P.O. BOX 2278, San Leandro CA 94577
 Phone (510) 483-1300 (800) 464-5987
 Fax to: (510) 483-2809 Email: info@smw104fcu.org

Member Name: _____

Last 4 of SSN: XXX-XX- _____

PREVIOUS Address: _____

*NEW Mailing Address:

Home Phone: _____

Mobile Phone: _____

Email Address: _____

**If using a PO BOX for your mailing address, we must also have you list your physical address.* _____

Effective date of change: _____

Signature: _____

Date: _____

Signature verification is required – address changes received via US Postal Service return mail will not be processed. Your return mail will not be forwarded.

I would like to close my account and have a check sent to my new address.

Credit Union Use Only	
Updated By:	Date:
Information verified:	