

REQUEST FOR ADDRESS CHANGE



Type directly on this form. Use the tab key to move to the next field. Print and sign when complete.

**Please list
each account
number affected
by this change:**

Products and services
you would like more
information about:

- SESLOC ATM Card
- SESLOC VISA Card
- Phone Teller
- Direct Deposit
- Family member account
- _____

Last Name	First Name	Middle Name
Last 4 Digits - Social Security #		E-mail
Former Street Address		
City	State	Zip
New Street Address		
City	State	Zip
Mailing Address (if different from above)		
City	State	Zip
Work Phone	Home Phone	Cell Phone
Member Signature		Date
Financial Institution Use Only		
Request received: <input type="checkbox"/> In Person <input type="checkbox"/> By Mail <input type="checkbox"/> By Fax		
Identity confirmed by: <input type="checkbox"/> Photo ID <input type="checkbox"/> Password <input type="checkbox"/> Challenge Question <input type="checkbox"/> Signature on File		
Address changed by: OP #_____ Initials_____ Date_____ Br #_____		
<input type="checkbox"/> Copy to Real Estate (for all RE Loans)		
Rev. 11/14		

Please sign and return this form to any SESLOC branch,
fax to: (805) 540-7779
or mail to: P.O. Box 5360, San Luis Obispo, CA 93403-5360

eBranch Users:

Change your address online quickly and easily by signing into your account,
clicking "User Options" and selecting "Address Change."