



# 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 the numbers for each account affected by this change:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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		
<b>CU Use Only:</b> 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 Address changed by: OP # _____    Initials _____    Date _____ <input type="checkbox"/> Copy to Real Estate (for all RE Loans)								

Print, sign in ink, and mail to: **SESLOC Credit Union**  
P. O. Box 5360  
San Luis Obispo, CA 93403