

Address Change Request

I (We) authorize the Winston-Salem Federal Credit Union to change my (our) address from the old address to the new address on the accounts designated on this form.

Account Number(s)		
Member Name:		
OLD ADDRESS		
Address:		
City:	State: Zip:	
Work Phone:	-	_
Home Phone:		
Cell #:		
NEW ADDRESS		
Address:		
City:	State: Zip:	_
Work Phone:		
Home Phone:		
Cell Phone:E-Mail:		
Please check below if you ha	ve any of the following:	
Checks	ATM Card	
☐ VISA Debit Card	☐ IRA	
Loans	☐ E-Statements	
Signature:	Date:	
Signature:	Date:	
	For WSFCU Use Only:	
	te Date	
	e Debit Card Keyed By Date	
FSP Keved By Dat	e	

Fax to: 336-727-8422

Mail to: 711 Salem Ave. Winston-Salem, NC 27101