



CHANGE OF ADDRESS FORM

Please complete a separate form for each account number effected

Step 1: Complete the required information listed below:

Last Name:

First Name:

New Address:

City:

State:

Zip Code:

UCCU Account #

Email Address:

Home Phone:

Work Phone:

Please select any additional services that you have:

ATM Card

Debit MasterCard

Credit Card

IRA

Step 2: Print the Form:

Step 3: Sign and Date the Form:

Signed By: _____

Date: _____

Step 4: Please attach a copy of your Driver's License and Mail to:

United Community Credit Union
P.O. Box 606
Galena Park, Texas 77547

FOR CREDIT UNION USE ONLY:

**PRINT SCREEN WITH OLD ADDRESS AND ATTACH TO THIS REQUEST

INITIALS

DATE

Member File Maintenance: _____

EFT: _____

MasterCard: _____

IRA: _____