



ADDRESS CHANGE FORM

Date: _____

Account #: _____

Primary Member Name: _____

Please list additional accounts to be updated: _____, _____

_____, _____, _____

PREVIOUS ADDRESS

Address: _____ Apt #: _____

City/State/Zip: _____

NEW ADDRESS

Address: _____ Apt #: _____

City/State/Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

E-mail: _____

By signing below, I authorize a change of address to be made on all listed accounts, in which I am a signer, and that have the previous address on file. I certify that all information I have provided is true and correct.

Signature: _____

Deliver, mail or fax this form to Financial Plus Credit Union:

1831 25th Street
West Des Moines, IA 50266
515-224-1222
Fax: 515-224-0961

4303 Fleur Drive
Des Moines, IA 50321
515-256-7955
Fax: 515-256-9784

2850 East Euclid Avenue
Des Moines, IA 50317
515-283-2526
Fax: 515-247-9101

609 38th Street
Des Moines, IA 50312
515-274-4100
Fax: 515-256-9784

For Credit Union Use Only:

Credit Card Debit Card Checks IRA Initials / Date _____