

CHANGE OF ADDRESS REQUEST

Member # _____

Please print

Name _____

Current Address on File _____

City, State, and Zip _____

NEW Mailing Address _____

City, State, and Zip _____

Home Phone # _____ Business Phone # _____

Cell Phone # _____

NOTE: If new mailing address is a PO Box, the physical address MUST also be obtained in order to meet identification program requirements.

Physical Address (if applicable) _____

City, State, and Zip _____

Member or Account Owner's Signature

~ If this address change is being processed through the mail or by fax, please have this signature notarized or include a copy of some other documentation, such as a utility bill that also includes your name and this new address. Address changes can also be processed at one of our branch locations or through online account access and the items above would not be required.

Do you have any services with Arkansas Federal Financial Services? Yes No
(if "yes", forward copy of form to AFFS)

Are you currently using Internet Bill Payment through AFCU? Yes No
(if "yes", forward copy of form to the Call Center)

Do you have a mortgage loan serviced by AFCU? Yes No
(if "yes", forward a copy of form to Mortgage Dept)

Is a "Returned Mail" Code present on the Membership? Yes No
(if "yes", perform the following):

For internal use only:

Remove Stop Code Update Statement Delivery Method (Mbrship Details Page)

Notify Call Center Supervisors to release returned mail

For internal use only:

Address Changed by _____

Deluxe Updated by _____