



4720 NW 39th Ave
Gainesville, FL 32606
Telephone (352)333-4760
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Fax: (352) 333-4805

Dear Member,

We have been notified by the United States Postal Service that you have requested a change of address. In the event we should receive return mail, your account will be charged \$15.00 per month until we receive this completed form.

THIS LETTER IS CONFIRMING YOUR WRITTEN REQUEST TO CHANGE ADDRESS.

Please review the address below, sign, date, and return this form with a clear copy of your Driver's License.

Upon receipt of this letter, we will then change your address after your signature is verified.

NEW ADDRESS:

OLD ADDRESS:

Account Number: _____

Print Name: _____

Today's Date: _____

Phone Number: _____

Member Signature: _____

If you have any questions regarding this matter, please contact the Credit Union.

Thank You!