

INSTRUCTIONS:

Received by

Change of Address Form

Inc.

Please print and mail, or fax this form back to Scott Associates Credit Union - 937-645-2749. Please fax back a readable copy of your driver's license to verify identity

I authorize the following address change on all accounts in my name at Scott Associates Credit Un	
Member Name	
Acount Number	
Social Security Number	
Old Address	
New Address	
Telephone Number with Area Code	
Additional Telephone Numbers	
Employer Name and Phone Number	
E-mail Address	
I HAVE AN ATM OR DEBIT CARD	
I HAVE AN ATM OR DEBIT CARD Are there any other accounts on which you are addresses also need to be changed to the above	
Are there any other accounts on which you are	ve? ☐Yes ☐No
Are there any other accounts on which you are addresses also need to be changed to the above	ve? ☐Yes ☐No
Are there any other accounts on which you are addresses also need to be changed to the above. If yes, please list names and account numbers:	ve?

Date