



CHANGE OF ADDRESS FORM

Change address from:

\_\_\_\_\_

Account: \_\_\_\_\_

Date: \_\_\_\_\_

Branch: \_\_\_\_\_

User: \_\_\_\_\_

Please change the address for the following account owners:

Primary owner's name: \_\_\_\_\_

Joint owner/joint member name: \_\_\_\_\_

Joint owner/joint member name: \_\_\_\_\_

New address information:

Extra Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Additional Services:

Do you have an IRA account? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is AFFINION AD&D Insurance deducted from account? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a client of Wealth Management program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Member/joint owner signature: \_\_\_\_\_

Return Signed form to:

Michigan First Credit Union  
27000 Evergreen Road  
Lathrup Village, MI 48076

FOR CREDIT UNION USE ONLY

Date Signature Verified: \_\_\_\_\_

D.L.# \_\_\_\_\_

Verified By: \_\_\_\_\_