



CHANGE OF ADDRESS FORM

Name (Last/First)

Account Number

Old Address

New Physical Address

New Mailing Address (if different from physical address)

City State Zip

City State Zip

PLEASE PROVIDE UPDATED CONTACT INFORMATION

Home Phone

Cell Phone

Work Phone

Joint Member Cell Phone

Email Address

Alternate Email Address

Signature

Date

PLEASE MAIL OR FAX THIS FORM TO

ElecTel Cooperative FCU
3400 Sumner Blvd
Raleigh, NC 27616
(919) 876-8018

For Internal Use

visa debit		JRA					
visa credit		HA		HAV			