

Change of Address

Complete this form and mail it to SELCCU to change your address.
If you have any questions, please contact us.

Main Account #: _____

Primary Owner:

Name: _____ **E-mail Address:** _____
(Required for SELCCU Online & e-News subscribers..)

Address: _____ **P.O. Box:** _____
(Mail will be sent to P.O. Box if filled in. SELCCU requires street address on file.)

City: _____ **State:** _____ **ZIP:** _____ **County:** _____

Home Phone #: (required) _____ **Cell Phone #:** _____
(Please provide area code.)

Place of Employment: _____

Work Phone#: _____ **Mother's Maiden Name:** _____

Primary Owner Signature _____ **Date** _____

If you have an e-mail address, you receive information on special events and promotions via e-mail, unless you opt-out by checking here.

Joint Owner: *(must already be on main account)*

Name: _____ **E-mail Address:** _____
(Required for SELCCU Online & e-News subscribers..)

Address: _____ **P.O. Box:** _____
(Mail will be sent to P.O. Box if filled in. SELCCU requires street address on file.)

City: _____ **State:** _____ **ZIP:** _____ **County:** _____

Home Phone #: (required) _____ **Cell Phone #:** _____
(Please provide area code.)

Place of Employment: _____

Work Phone#: _____ **Mother's Maiden Name:** _____

Joint Owner Signature _____ **Date** _____
(Required only if changing joint owner's address.)

Children's Accounts

Child(ren) must be younger than 18 if being changed by parent or guardian.

Name: _____ **Account #:** _____

Name: _____ **Account #:** _____

Name: _____ **Account #:** _____

Name: _____ **Account #:** _____

For Office Use Only			
File Date: _____	Rec'd.: _____	Shares: _____	Ops: _____
Visa: _____	Online: _____	CUSO: _____	IRA: _____
Mail Sent: _____	Message Off: _____		