

# CHANGE OF ADDRESS FORM

Should anything change — mailing address, e-mail address, landline phone, cell phone — please let us know. As a financial institution, we send important documents to our Members. On other occasions we may need to contact you, or validate something with you by phone or e-mail.

To make sure all important information gets to you in a timely fashion, kindly let us know when *anything* changes in your contact information.

Primary Member Name \_\_\_\_\_

Joint Account Member Name \_\_\_\_\_

Account Number(s) \_\_\_\_\_

OLD Address \_\_\_\_\_  
Street City State Zip

NEW Address \_\_\_\_\_  
Street City State Zip

Mailing Address  
*(if different from NEW above)* \_\_\_\_\_  
Street City State Zip

Telephones \_\_\_\_\_  
(home) (cell) (business)

E-Mail Address \_\_\_\_\_

Fax Number *(if applicable)* \_\_\_\_\_

There is a 7-day waiting period before you may request check or credit/debit card replacements.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_  
(signature required)

Joint Member Signature \_\_\_\_\_ Date \_\_\_\_\_  
(signature required)

MAIL TO:  
**Community First CU**  
PO Box 6004  
Santa Rosa, CA 95406-0004

or fax, 707/543-2603  
or drop by your favorite branch



OFFICIAL USE  
ONLY

Shares \_\_\_\_\_  
Loans \_\_\_\_\_  
Credit Card \_\_\_\_\_  
Debit/ATM \_\_\_\_\_  
Ck. Orders \_\_\_\_\_