



INDUSTRIAL FEDERAL CREDIT UNION

# IFCU ACCOUNT CHANGE FORM.

Please fill out this form completely.

TELLER #: \_\_\_\_\_

ADDRESS CHANGE

PHONE NUMBER CHANGE

ACCOUNT #: \_\_\_\_\_

PRIMARY/JOINT

SECONDARY

CO-SIGNER

NAME: \_\_\_\_\_

**Please provide both your street and mailing address if they are different.**

OLD ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ P.O. BOX: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ P.O. BOX: \_\_\_\_\_

BUSINESS PHONE #: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

Primary E-MAIL: \_\_\_\_\_ ALT. E-MAIL: \_\_\_\_\_

DO YOU HAVE A VISA CREDIT CARD? (PLEASE, CIRCLE ONE) YES NO

DO YOU HAVE AN ATM/DEBIT CARD? (PLEASE, CIRCLE ONE) ATM DEBIT

DO YOU HAVE AN IRA AT IFCU? (Please circle one) YES (SEE IRA SPECIALIST) NO

DO YOU HAVE A SAFE DEPOSIT BOX AT IFCU? (Please circle one) YES NO

EFFECTIVE DATE FOR CHANGE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PLEASE PRINT THIS FORM AND RETURN IT TO YOUR LOCAL IFCU MEMBER CENTER.

*We will not accept an incomplete form, nor will we accept a change of address over the phone or via e-mail (without a scanned Account Change Form). You must either mail, scan, or bring the form to your local Member Center.*

MAIL TO: IFCU CALL CENTER  
1115 SAGAMORE PKWY. S.  
LAFAYETTE, IN 47905.

Fax: (765) 449-8804