

ACCOUNT CHANGE OF ADDRESS



LCFCU.ORG | 202-707-5852
800-32-LCFCU (52328) | 800-325-2328

I/we authorize the credit union to make and accept the following Information changes to my/our account:

PRIMARY OWNER NAME:

Account #: _____ Other Account #: _____ Other Account #: _____ Visa Credit Card

Change Permanent Temporary from ____/____/____ to ____/____/____ Driver's Lic. #: _____
MM DD YYYY MM DD YYYY

Physical Address (not P.O. Box) Street: _____

City/State/Zip: _____

Mailing Address (if different from physical address) Street: _____

City/State/Zip: _____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

Email(s) (Work) _____ (Home) _____ Employer: _____

JOINT OWNER #1 NAME:

Account #: _____ Address same as Primary Owner Driver's Lic. #: _____

Mailing Address Street _____ Phone: (Home) _____

City/State/Zip _____ Phone: (Cell) _____

Email(s) _____ Employer: _____

JOINT OWNER #2 NAME:

Account #: _____ Address same as Primary Owner Driver's Lic. #: _____

Mailing Address Street _____ Phone: (Home) _____

City/State/Zip _____ Phone: (Cell) _____

Email(s) _____ Employer: _____

AUTHORIZATION: I/we agree that the changes on this form amend the previously signed account card and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the credit union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the agreement and disclosures applicable to the accounts and services requested. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement and Disclosure.

X _____
Primary Member/Owner **Signature** Date

X _____
Joint Owner **Signature** Date

X _____
Joint Owner **Signature** Date

To process your request, please MAIL
or FAX your completed card to:

MAIL: Library of Congress FCU
8100 Professional Place, Suite 308
Hyattsville, MD 20785-2229

FAX: 202-707-6418

Please Fax or Mail your completed form:

- Fax: 202-707-6418
- By Mail:
Library of Congress FCU
8100 Professional Place, Suite 308
Hyattsville, MD 20785-2229

Completed forms can also be dropped off in-person at our Madison branch:

**101 Independence Ave., SE,
Room LM 634,
Washington, DC 20540-9997**