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Change of Address Form

PLEASE PRINT CLEARLY

Member #: _____ Effective Date: _____

Name: _____ SSN/TIN #: _____

New Physical Address: _____

City: _____ State: _____ Zip Code: _____

New Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Ext #: _____

Email Address: _____

Former Address: _____

City: _____ State: _____ Zip Code: _____

MEMBER SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY:	DATE: _____
WARNING FLAG: _____	TAKEN BY (Initials): _____
CHECKS: _____	SCAN: _____
ATM/DEBIT: _____	MAIL IN FILE: _____