

Change of Address Request

* indicates a required field

Application must contain all information, your signature and date for request to be processed. If you have any question, please contact Member Services at 202.623.3363.

FULL NAME _____

*ACCOUNT NUMBER(S) TO WHICH
CHANGE APPLIES _____

DO YOU HAVE AN IDB-IIC FCU YES NO
VISA CREDIT CARD?

I AM UPDATING MY ADDRESS PHONE
(Check all that apply)

ADDRESS _____

Apt. Unit, Suite# _____

CITY/STATE or PROVINCE _____

ZIP _____

COUNTRY _____

*PRIMARY TELEPHONE _____
(Please include country code)

SECONDARY TELEPHONE _____

*I authorize IDB-IIC Federal Credit Union to process this change of address request.

*SIGNATURE (Enter Your Full Name) _____ *DATE _____ (MM/DD/YYYY)

INTERNAL USE ONLY FOR MEMBER SERVICES

1. CHANGE OF ADDRESS VERIFICATION (Check Box if Yes) 2. CHANGE OF ADDRESS PROCESSED (Check Box if Yes)

DATE _____ (MM/DD/YYYY) NAME OF CU EMPLOYEE _____

INTERNAL USE ONLY FOR LENDING SERVICES FOR CREDIT CARD

1. CHANGE OF ADDRESS VERIFICATION (Check Box if Yes) 2. CHANGE OF ADDRESS PROCESSED (Check Box if Yes)

DATE _____ (MM/DD/YYYY) NAME OF CU EMPLOYEE _____