



Change of Address Request

INSTRUCTIONS: Please provide all the information on this form include a signature. When completed, bring the form to your nearest branch, or mail, or fax it to Enbright Credit Union. The address and fax number are located at the bottom of this page.

Member #: _____ Guardian Account #: _____ Effective Date: _____

Name: _____ SSN/TIN#: _____

New Residential Address: _____

City: _____ State: _____ Zip Code: _____ - _____
If possible, please provide your Zip + 4

New Mailing Address: _____

City: _____ State: _____ Zip Code: _____ - _____
If possible, please provide your Zip + 4

Home Phone #: _____ Work #: _____ Ext #: _____

Former Mailing Address: _____

City: _____ State: _____ Zip Code: _____ - _____
If possible, please provide your Zip + 4

Email Address: _____

MEMBER/GUARDIAN SIGNATURE: _____

For Office Use:

RECEIVED DATE: _____	RECEIVED BY: _____	BRANCH: _____
CHANGE DATE: _____	SCAN DATE: _____	SCANNED BY: _____

Mail To:

Enbright Credit Union
Attn: Member Services, Change of Address
PO Box 140030
Nashville, TN 37214

Fax To:

(615) 687-4803