

CHANGE OF ADDRESS

Name: _____

Account #: _____

Old Address _____

City, State, Zip: _____

New Address: _____

City, State, Zip: _____

New Phone #: () _____

By signing this form, I am hereby requesting and authorizing GEFCU to change the address on my account. This form must be returned to a branch location or faxed to 512-836-3732.

Signature _____

Date _____

Teller: _____