



Address Change Authorization

Please print, complete and sign this form. You may return it to any LOC Branch Office or return by mail with a copy of your valid government issued ID.

Account Number(s) Affected:

_____ # _____ # _____ # _____ # _____ # _____

LOC Visa Credit Card: _____ please check

Old Address:

Street Address: _____

City, State, Zip _____

New Address:

Street Address: _____

City, State, Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

By signing below, I authorize LOC Federal Credit Union to change my account information.

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Received By: _____

Date Received: _____ Date Verified _____