



Personal Information Change Authorization

Please print, complete, sign this form and return the original to any LOC office. If returned by mail, enclose a photocopy of your unexpired government issued picture ID. Changes to your account information are not permitted by phone, email or fax.

Account Number(s) Affected:

_____ # _____ # _____ # _____ # _____ # _____

LOC Visa Platinum Card - your credit card bill will also be sent to the new address. Check here if you **do not** want your credit card billing address changed _____

Old Address:

Street Address: _____

City, State, Zip _____

New Address:

Street Address: _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Employer _____

Email Address _____

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: _____

Changed mail code: _____ Removed flag: _____ Deleted temporary address: _____
(note Estatement flag) (both Need Address & Verify Phone) (change address ending 9999)