



ADDRESS CHANGE FORM

Name: _____ Account # _____

Mother's Maiden Name: _____ Email Address _____

PREVIOUS INFORMATION

Previous Address: _____

City _____ State _____ Zip _____

CURRENT INFORMATION

Current Address: _____

City _____ State _____ Zip _____

New Home Phone #: _____ New Work Phone #: _____

RELATED ACCOUNTS AFFECTED BY THIS CHANGE

Does this address change also affect other accounts? (Separate accounts of spouse, children, etc.)

Name: _____ Account # _____

Name: _____ Account # _____

Signature: _____ Date: _____

Date Address Change becomes effective: _____

Mail completed form to Air Force Federal Credit Union, Member Services, 1560 Cable Ranch Road, Suite 200, San Antonio, TX 78245 or fax 210.678.5294.