



Address and Contact Information Change Request

Primary Owner Name _____ Member Number _____

Street Address (if new):

Address _____

City _____ State _____ Zip _____

P.O. Box for mailing purposes only:

Address _____

City _____ State _____ Zip _____

Contact Information (if new):

Home Phone _____ Cell Phone _____

Business Phone and extension _____ Other Phone _____

Email Address _____

Please change the address and/or mailing address to the address above for the following joint owner(s) or beneficiary(ies) on my account. To change the address for a joint owner(s) or beneficiary(ies), the previous address must be the same as the previous address of the Primary Owner unless the joint owner(s) or beneficiary(ies) are not the Primary Owners of any account at the Credit Union.

Signature _____ Date _____

Please complete this form, sign it and return to:

Zeal Credit Union
Attention: Member Services Department
P.O. Box 51700
Livonia, MI 48151-5700

Fax: 734-466-6148
Email: MemberServices@Zealcu.org