



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