

## ACCOUNT CHANGE OF ADDRESS FORM

Account Name:

Financial Institution: Community Credit Union  
20 First Street North  
New Rockford ND 58356

Regardless of where you are moving, we want to make your move easier.

When you know your new address, complete this change of address form, tell us when it will be effective, and mail or deliver this form to us. We may contact you directly to verify these changes. We'll update our records so that your statements and other correspondence are sent to your new location after the move.

Our new accounts representative will be glad to help you if you need to order checks with your new address.

Account Name	Effective Date	
<hr/>		
Old Address	Street	
<hr/>		
City	State	Zip Code
<hr/>		
New Address	Street	
<hr/>		
City	State	Zip Code
<hr/>		
Home Phone	Cell Phone	Work Phone
<hr/>		

Please indicate the accounts to be changed:

Account Number: \_\_\_\_\_

**Account Name:**

X \_\_\_\_\_  
Authorized Signer

\_\_\_\_\_  
Date

To: 

Community Credit Union 20 First Street North New Rockford, ND 58356
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