

# TruStar Federal Credit Union

601 4<sup>th</sup> St International Falls, MN 56649

Fax: 218-283-3145

## ADDRESS CHANGE

When you move, it is important that TruStar Federal Credit Union moves with you! To assure you receive your statements and other important TruStar Federal Credit Union information when you need it, you may fill out and submit this form online. Please fill out as much information as possible. Fields with an \* are required.

Please mail or fax the completed form to TruStar Federal Credit Union.

### New Information

\*Account Number: \_\_\_\_\_ \*Name: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*Physical Address: \_\_\_\_\_

(Physical Address **must** be included if mailing address is a PO Box)

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Telephone # (Home): \_\_\_\_\_ Telephone # (Work): \_\_\_\_\_

Email Address: \_\_\_\_\_

### Old Information

\*Account Number: \_\_\_\_\_ \*Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Telephone # (Home): \_\_\_\_\_ Telephone# (Work): \_\_\_\_\_

Email Address: \_\_\_\_\_

Please add the Name(s) and Account Number(s) of others in your household that require the same address change.

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

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

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please Note: Address changes will not be processed unless this form is signed.**

**\*\*\*Office Use Only\*\*\***

Verified Signature

Signature via DocuSign

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_