

LincolnSDA CREDIT UNION

Change of Address Request

Date: _____

Name: _____ Account: _____

Old Address	Line #1 _____
	Line #2 _____
	City _____ State: _____ Zip: _____

New Address	Physical Address*
	Line #1 _____
	Line #2 _____
	City _____ State: _____ Zip: _____
	Mailing Address <input type="checkbox"/> Mailing address same as physical address
	Line #1 _____
Line #2 _____	
City _____ State: _____ Zip: _____	

Other Contact information	Phone: _____ <input type="checkbox"/> No Home Phone, cell is primary number
	Cell: _____ <input type="checkbox"/> Okay to use SMS for Notifications*
	E-mail: _____
	<input type="checkbox"/> Okay to use e-mail for Account Notifications*
	<input type="checkbox"/> I do not wish to be included in the e-mail newsletter list
<p><i>* Notifications are to quickly notify you of potential fraud activity on your account. In the case of SMS (text alerts) there may be a fee through your service provider based on your service plan. These fees, if any, are your responsibility.</i></p>	

Signature: _____

Please protect your personal information!

We do not recommend sending this completed form via standard e-mail. Please fax or use the US Postal Service. If you would like to upload the form through the internet, let us know and we can setup a secure link that you can use to protect your personal information.