



ADDRESS CHANGE REQUEST FORM

DATE OF REQUEST: _____

EFFECTIVE DATE: _____

NAME(S) ON ACCOUNT: _____

OLD PHYSICAL ADDRESS: _____

OLD MAILING ADDRESS: _____

NEW PHYSICAL ADDRESS: _____

NEW MAILING ADDRESS: _____

Address change completed with US Postal Service? Yes No

OLD E-MAIL ADDRESS: _____

NEW E-MAIL ADDRESS: _____

PHONE NUMBER CHANGE: _____

ACCOUNTS TO CHANGE:

- MFC Stock CHECKING SAVINGS CD
- ATM / DEBIT CARD IRA H S A LOAN
- SAFE DEPOSIT BOX

SIGNATURE: _____ DATE: _____

Changes completed by: _____ Date: _____