

Please Print, Complete & Mail To:
6251 Crooked Creek Road, Norcross, Georgia 30092



NOTICE OF CHANGE OF ADDRESS

Date _____

Primary Member's Name _____

Share Acct. No. _____ VISA Card No. _____

Member Making Change of Address _____

Signature of Member Making Change _____

Please change my address as shown below:

MAILING ADDRESS (Including P.O. Box, APO & FPO)

Street _____ Apt. _____

City, State & Zip Code _____

Is this Permanent or Temporary? If Temporary: From / / TO / /

If home address differs from mailing address, member must provide street address of residence below:

Street _____ Apt. _____

City, State & Zip Code _____

E-mail Address _____

Home Telephone Number (_____) _____

Office Telephone Number (_____) _____ Ext. _____

Cell Phone Number (_____) _____

NOTE: If you have family members who have accounts with ACU, and their addresses have also changed, please complete a form for each account. Thank you.

OFFICE USE ONLY

Route To:

Teller _____ Date _____

VISA Center _____ Date _____

Collections _____ Date _____

On Account Record (General Membership) change Statement Mail Code to "Use individual mail codes". In Warnings, change "Bad Address" to "None". Then click "OK" in grey bar. **Do not change statement mail code if it is set to "01 No Mail".**