

Change of Address Request

For your security and protection of your account, your signature or electronic signature is required to make address changes. If you have recently moved, please complete and **sign** the Change of Address Request and mail to the address below. Please return this form within 10 business days of your move to ensure you continue to receive mail from us. Failure to do so may result in a No Forwarding Address fee. You may also update your address online by logging into iBranch Home Banking. (Select Services, then Change Address to send your new address.)

Effective Date

Change is: Permanent Temporary, revert to existing address on: _____ / _____ / _____

Name _____

Account # _____

Social Security # _____

Change VISA # _____

New Address _____

City, State, Zip _____

Old Phone _____

New Phone _____

Daytime Phone _____

e-mail address _____

Signature X _____ Date _____ / _____ / _____

Mail to:

U of I Community Credit Union
ATTN: Teller Dept.
2201 S First St
Champaign, IL 61820



www.uoficreditunion.org
217-278-7700

For Office Use

Change made by Teller # _____ Date _____ / _____ / _____

VISA Changed by Teller # _____ Date _____ / _____ / _____