

**REQUEST FOR CHANGE OF ADDRESS
LANECO FEDERAL CREDIT UNION**

PRIMARY MEMBER NAME: _____

ACCOUNT NUMBER: _____

NEW RESIDENCE ADDRESS:

Street Address: _____

City, State and Zip: _____

NEW MAILING ADDRESS (IF APPLICABLE)

P O Box: _____

City, State and Zip: _____

NEW PHONE NUMBER AND E-MAIL:

Home Phone: _____

Work Phone: _____

E-Mail Address: _____

MEMBER SIGNATURE:

X _____ **Date:** _____

**Mail to: LANECO FEDERAL CREDIT UNION
P.O. Box 866
Eugene, OR 97440**

FAX to: 541-683-7126

Please note that all fields must be filled out for processing. Please mail or Fax the form for the changes to be made.

For credit union use:

Date rec'd _____ **In Person** _____ **Mail** _____ **Phone** _____ **VB** _____ **Addressed changed** _____ **Initial** _____

Visa _____ **IRA** _____ **MENU 28** _____ **VB** _____