



Address Change Request Form

If you are requesting an address change please complete the following information. The form must be signed by the primary account holder and mailed, faxed, or e-mailed to NAFT Federal Credit Union along with a copy of the primary account holder's (first name on the account) valid photo identification for verification purposes.

Name Account Number E-Mail Address Last Four of SSN#

Home Telephone # Place of Employment Work Telephone # Cellular Telephone #

New Address:

Previous Address:

Physical Address (Street Address)

Physical Address (Street Address)

Mailing Address If Different from Physical Address

Mailing Address If Different from Physical Address

_____'_____'_____
City State Zip Code County

_____'_____'_____
City State Zip Code County

Authorization and Acknowledgement:

By signing below you authorize NAFT Federal Credit Union to change your address of record to the information provided on the request. You acknowledge that the Credit Union will not change your address if the information requested is incomplete or incorrect or if it is not signed by the primary member. In addition, you acknowledge that your address will not be changed if the Credit Union cannot verify the primary account holder's signature according to the Credit Union's records. Please allow up to seven to ten business days for processing.

Primary Account Holder's Signature

Date

Mail to:
NAFT Federal Credit Union
PO Box 771
Pharr, TX 78577



Fax to:
956-783-4998
e-mail to:
naft@naftfcu.coop