Please complete form, print, sign and date below, and fax to (770)582-3877, or mail to Excel Federal Credit Union, 5070 Peachtree Industrial Blvd, Norcross, GA, 30071, or return to the nearest branch office. For security reasons, please do not email this information.



CHANGE OF ADDRESS FORM

Name:	Account No:
Please update this change of address on my: ☐ Credit	
Old Address:	
New Physical Address:	
New Mailing Address (optional):	
Contact Info: Home () Work () Email Address:	
Account Update: Employer	
Signature: Effective l	Date of New Address:
FOR CREDIT	UNION USE ONLY
Received notification through: \Box Mail \Box Fax \Box	In-person (DL Verified)
Account Verification: □ Acct/Wire Password □ La	st Deposit □ Type of Loan
□Other:	
Employee Signature:	Date:
Card Coordinator Signature:	Date:
Comments:	