



**ZIA CREDIT UNION**  
PO Box 490  
Los Alamos, NM 87544  
Tel: (505) 662-4671  
Fax: (505) 662-5472

**CHANGE OF ADDRESS REQUEST**

Account Name: \_\_\_\_\_ Acct. # \_\_\_\_\_

OLD ADDRESS:

NEW ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Old Telephone: \_\_\_\_\_

New Telephone: \_\_\_\_\_

You, the member, are responsible for notifying us of any address or name change. The Credit Union is only required to attempt to communicate with you at the most recent address you have provided to us.

**Date:** \_\_\_\_\_ **Member Signature** \_\_\_\_\_ **(required)**

**Member's Daytime Telephone** \_\_\_\_\_ **(required)**

**Form Filled out by Employee: #** \_\_\_\_\_