

Address Change Request

Instructions: Please complete the form on-line, print and then **sign it**.
Fax it to 240-228-5545 or mail it to APL Federal Credit Union P.O. Box 418 Laurel, MD 20725.

Primary Member's Name:

Member Number:

This Address change request is also for the following individuals:

Last Name : First Name :

Last Name : First Name :

Last Name : First Name :

Last Name : First Name :

And is to be used as the mailing address for the following member numbers:

Current Daytime Telephone Number: () Ext. Country Code:

Current Cell Phone Number: () Ext. Country Code:

New Home Telephone Number: () Ext. Country Code:

New Work Telephone Number: () Ext. Country Code:

Is this address: Permanent or Temporary (from // to //)

New Mailing Address:

City: State: Zip/Post Code: -

Fax Number: () Country Code:

E-Mail Address:

By signing below, the Primary Member above is either a Primary Owner or Joint Owner on the memberships indicated and has legal authority to change the address on those membership accounts.

Primary Member Signature : _____ **Date:** _____

Office Use Only

Signature Verified By: _____ Date: _____

Source of Verification: _____