



# Change of Address

## Or Other Contact Information

2445 Mariondale Ave, Los Angeles CA 90032

Phone: 323-505-2600 Fax: 323-505-2613

Please change my:  Mailing address  Phone number(s)  Email Address

*If you do not know your account number, please include your social security number*

Name: \_\_\_\_\_ Acct #: \_\_\_\_\_

Do you have a Cal State L.A. FCU Visa® Credit Card?  Yes, please change my billing address  No

### Contact Information:

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Notes/Other Info: \_\_\_\_\_

### Old Address

Home Address: *(Required)* \_\_\_\_\_

### New Address

Home Address: \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_

**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Please return in person, or via mail or fax. Signature required. Please allow up to 7 days for changes.

CU Use: Membership Account # \_\_\_\_\_

Change Date: \_\_\_\_\_ Scan Date: \_\_\_\_\_ MSR Initials: \_\_\_\_\_