

LAKEVIEW FEDERAL CREDIT UNION
Authorization to Change Address



Date: _____ Phone Number: _____

Account Number (s): _____

Old Address: _____ P.O.Box _____

City _____ State _____ Zip _____

New Address: _____ P.O.Box _____

City _____ State _____ Zip _____

Signature: _____

Printed Name: _____

Back Office Use Only:

Date Received : _____ Processed By : _____

VISA: Y / N (last 4# _____) IRA: Y / N DORMANT: Y / N

System Note:

Returned Mail: _____ Address Verified: _____ Note Deleted by: _____

If you are an authorized signer on more than one account, please do not forget to list above.
We will only update the account (s) included on this form. Drop off, mail, or fax completed
change of address form to: *Lakeview Federal Credit Union - P.O.Box 920 Geneva, Ohio 44041.*
FAX (440) 415-9988