

Jackson Area Federal Credit Union

Serving the Jackson area and beyond...

Change of Address

In order for us to better serve you, our valued member; we need to maintain our records with current information. Please complete the following information and return it in the enclosed self-addressed envelope. Thank you for your support to the credit union.

Print Name: _____

Account Number: _____ **SS#:** _____ - _____ - _____

Old Address: _____

Street, Number, Apartment, P. O. Box

City State Zip

New Street Address: _____

Street, Number, Apartment, P. O. Box

City State Zip

New Mailing Address: (if same as Street Address, just write "Same")

Street, Number, Apartment, P. O. Box

City State Zip

Home Phone: (____) _____ **Work Phone:** (____) _____

Cell Phone: (____) _____

Place of Employment: _____

E-mail: (optional) _____

Signature: _____ **Date:** ____/____/____

Jackson Area Federal Credit Union, PO Box 1403, Jackson, MS 39215

Phone: 601.922.7055 Fax: 601.922.3283

Credit Union Use Only:

Teller Number: _____ Date Changed: ____/____/____