



**GERBER FEDERAL
CREDIT UNION**

ADDRESS CHANGE FORM

Permanent Change

Temporary Change

Name:		Member Number:
Phone Number:	E-mail Address:	
Start Date:	Restore to Primary Address:	

OLD ADDRESS

Street Address:

Mailing Address:

City:

State:

Zip:

NEW ADDRESS

Street Address:

Mailing Address:

City:

State:

Zip:

Member Signature:

Date:

LOAN INFORMATION

Do you have any open loans or IRAs on this membership? Yes No

Does the Joint Member / Co-Borrower's address need to be changed? Yes No N/A

Joint Member / Co-Borrower Name:

Joint Member / Co-Borrower Signature:

Date:

**Mail or fax completed Address Change Form & a copy of your Driver's License to:
Gerber Federal Credit Union • PO Box 116, Fremont, MI 49412 • Fax (231) 924-6686**

TO BE COMPLETED BY GERBER FCU

Identity Verified D.L. Signature on file Other _____ Completed By _____