



ADDRESS CHANGE FORM

MEMBER # \_\_\_\_\_

**NEW INFORMATION:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

To complete this change of address form, you must **PRINT**, **SIGN** and **RETURN** to Etowah Valley FCU.

By Mail: Etowah Valley FCU  
Attn: Member Services  
P. O. Box 1090  
Cartersville, GA 30120

By Fax: 770-382-7375