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NOTICE OF CHANGE OF ADDRESS

MEMBER NAME _____

SECOND NAME _____
(IF JOINT ACCOUNT)

NEW MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHYSICAL ADDRESS (If different from above) _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ WORK PHONE () _____ E-MAIL _____

I authorize the above change of address and information on the account number(s) listed above. I realize all correspondence will be sent to this address until further notice.

SIGNATURE X	EFFECTIVE DATE	UPDATED BY OP# / DATE
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PLEASE LIST ALL ACCOUNT NUMBERS	
ACCOUNT NO.	_____
ACCOUNT NO.	_____
ACCOUNT NO.	_____

Please submit the completed form in one of the following ways:

- By mail: San Francisco Federal Credit Union, 770 Golden Gate Ave., San Francisco, CA 94102
- By fax: (415)775-5340
- In person: Drop off at one of our branches