CENTURY FEDERAL CREDIT UNION ADDRESS CHANGE FORM

Please complete, sign and return this change request to any Century Federal Credit Union branch location or change your address via online banking at www.cenfedcu.org

Member Service Center
4600 Rockside Road suite 205
Independence Oh 44131

Date: _____

Primary Member's Name: _____

Member/Authorized Signer making Change of Address: _____

Account Numbers: Please remember to include all applicable account numbers. Only the account numbers listed below will be updated.

Account Number: _____ Account Number: _____ Account Number: _____

Visa Card (last 4 digits) _____ ATM Card (last 4 digits) _____ Debit Card (last 4 digits) _____

Primary/Physical mailing Address-(This section is required to change a primary/physical address only. **A P.O. Box cannot be listed as a primary physical address**. See alternate address sections below)

Choose One: ☐ Change effective immediately ☐ Start Date _____ ☐ End date _____

Address _____

City _____ State _____ Zip _____

Country _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

P.O. Box Alternate Mailing Addresss **- (this section is required if using a PO Box mailing address)**

Address _____

City _____ State _____ Zip _____

I hereby acknowledge that the information I have provided is correct and that I am authorized to amend the information for the account(s) listed above.

Member/Authorized Signer Signature x _____

CREDIT UNION USE ONLY

Employee name _____ Teller # _____ Date _____

Method of verification (ID/Signature/verify) FORMER Address _____

Service Center Rep _____

Address change received: ☐ In person ☐ by mail ☐ Through Online banking ☐ other

INTERNAL ROUTING-Once the address change has been completed, upload the form via IMM. For ATM/DEBIT/CREDIT CARD requesst email the form to Card Services at CServices@Cenfedcu.org