



ADDRESS CHANGE REQUEST FORM

Complete all information, print, sign and date the form. Mail to the following address:

GP Louisiana Federal Credit Union
 PO Box 520 | Zachary, La. 70791
 Fax to 225-654-7232
 Email to members@gplafcu.com

Member Name: _____ Member Number: _____

Residential Address | Telephone Number
 Residential address cannot be a PO Box.

	Previous	New
Street		
City		
State, Zip	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
Work Telephone	()	()
Home Telephone	()	()
Cell Phone Number	()	()

Mailing Address:
If different from Residential.

	Previous	New
Street		
City		
State, Zip	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

Changing your address information will NOT update any joint member information. If a joint member wishes to update address information, he/she must complete a separate form.

Signature: Member signature is required. A parent/guardian may sign for a minor.

Member Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

For Credit Union Use Only	FISERV changed by/Op# and initials - _____ Visa Card IRA
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