



**CHANGE OF ADDRESS FORM**

Please fill out this application completely, fax it to (630) 906-2053, bring it into our office, or mail it to us at:

**Allsteel Credit Union**

1 W. Merchants Dr., Oswego, IL 60543

**NOTE:** You **MUST** submit a copy of both sides of your Driver's License, and if using a PO Box for mailing purposes you **MUST** also include a physical address or your change will not be processed.

**NAME:** \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**OLD ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**NEW ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

By signing this form I verify changing my account to reflect the new information:

**SIGNATURE:** \_\_\_\_\_

**DATE OF CHANGE:** \_\_\_\_\_