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CHANGE OF ADDRESS FORM

MEMBER NUMBER: _____

ACCOUNT HOLDER	
First:	
Last:	

ACCOUNT HOLDER	
First:	
Last:	

This address change will affect all associated accounts, including joint memberships and/or loans.

RESIDENTIAL ADDRESS	
Address:	
City:	
State:	Zip Code:
Country:	

RESIDENTIAL ADDRESS	
<input type="checkbox"/> Same as first Account Holder listed	
Address:	
City:	
State:	Zip Code:
Country:	

MAILING ADDRESS	
<input type="checkbox"/> Same as Above	
Address:	
City:	
State:	Zip Code:
Country:	

MAILING ADDRESS	
<input type="checkbox"/> Same as Above	
Address:	
City:	
State:	Zip Code:
Country:	

CONTACT INFORMATION	
Home:	
Work:	
Mobile:	
Email:	

CONTACT INFORMATION	
Home:	
Work:	
Mobile:	
Email:	

Signatures are required for all account holders in order for the change to be effective on all person profiles.

_____ **MEMBER SIGNATURE** _____ **DATE** _____ **MEMBER SIGNATURE** _____ **DATE**

FOR CREDIT UNION USE ONLY	
_____ EMPLOYEE NAME	_____ DATE PROCESSED

Return signed form to:
mrc@eccu.net or fax to 832-604-2153
 You may also mail to:
 18540 Northwest Freeway
 Houston, TX 77065