

Change of Address

Please complete this document and return to the credit union office either by mail, email or fax. This form requires a valid member signature to be processed. A member of staff will follow up with you when we receive this form back.

Return to : Four Flags Area Credit Union
1012 S 11th St
Niles, MI. 49120
Email: fourflagsacu@sbcglobal.net
Fax: 1(269) 683-7537

Date: _____ Account# _____

Name: _____

_____ Change Address of ALL account owners

OLD ADDRESS: _____
Street

City State Zip

NEW ADDRESS: _____
Street

City State Zip

E-Mail Address: _____

Would you like to receive emails from FFACU? Yes _____ No _____

Phone Number: _____

Would you like to receive text from FFACU? Yes _____ No _____

Member Signature**

Staff Signature

** No changes will be made without valid signatures or staff verification

FOR OFFICE USE ONLY

DATE RECEIVED: _____ MEMBER SIGNED: _____

STAFF SIGNED: _____ CALL MEMBER: _____

FILL OUT MEMBER MAINTANCE FORM AND CHANGE ALL SYSTEM INFORMATION.