

### CHANGE OF ADDRESS

Please complete the following information and return to the Atlantic Federal Credit Union Office. Check box(es) below if you are a VISA, MAC or MASTERMONEY card holder. (Please Print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Tel # ( <sup>AREA</sup> ) \_\_\_\_\_

Acct. # \_\_\_\_\_ <sub>CODE</sub>

VISA

MAC

MasterMoney

Signature \_\_\_\_\_ Date \_\_\_\_\_

A.F.C.U. -316-REV.