D.C. Teachers Federal Credit Union
Change of Address Form

How Change of Address Received: ☐ **Face to Face** ☐ **Telephone** ☐ **Email** ☐ **On-Line** ☐ **Fax**

Account Name(s) (List all names on the account)	Print or Type – Last Name, First Name, Middle Initial or Business Name			**Account Number**
	(1)			
	(2)			
Old Address	No. and Street, Apt., Suite, P.O. Box or R.D. No.			
	City	State	Zip	
New Address	No. and Street, Apt., Suite, P.O. Box or R.D. No.			
	City	State	Zip	
Mailing Address (if different from Residential Address	No. and Street, Apt., Suite, P.O. Box or R.D. No.		City	State / Zip
New Area Code and Telephone No.(if known)	( )	**Previous Area Code and Telephone No. (if changed)**	**( )**	Effective Date
Cell Phone Number	( )	**Email Address**		
Customer Signature				

Sign –Up for E-Statements. ☐ **Yes** ☐ **No**
New fees for paper statements $2.00

Credit Union Use Only:

Date Received	Verified By	Identification	Qualifiers
Date SCANNED to OnBase	Processed By		

Scan to OnBase: Member Service / Change of Address