



Change of Address Form

PLEASE PRINT CLEARLY

Primary Member Name

Primary Account Number

Joint Owner Name

List **ALL** Additional Account Numbers

Old Address

New Physical Address *(include address, city, state, and zip)*

New Mailing Address *(if different from physical address, include address, city, state, and zip)*

Updating your contact information is required before we can process your address change.

Please check your preferred contact method: Phone E-Mail Mail

Please check your preferred phone number and e-mail address below.

(_____) _____
Home Phone

(_____) _____
Work Phone

(_____) _____
Cell Phone

Mother's Maiden Name

Home E-Mail Address

Work E-Mail Address

Member Signature

Date

For Credit Union Use Only:

Account Changed By Date IRA/HSA Changed By Date Verified By Date

Deliver, mail, or fax this form to RiverLand Federal Credit Union:

639 Loyola Avenue Suite 220 • New Orleans, LA 70113 • L-ENT-RCU
504-576-5800 • 800-586-4RCU • Fax 504-576-5805 • UDC 8-576-5800