



P.O. Box 727 Goshen, IN 46527-0727

# Change of Address

**Account Number(s):** \_\_\_\_\_

**Account Holder Name(s):** \_\_\_\_\_

**Old Address Information:**

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**New Address Information:**

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Authorized by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Accountholder Signature

**Return to:** Interra Credit Union  
Attn: Member Service  
P.O. Box 727  
Goshen, IN 46527-0727

**FOR CREDIT UNION USE ONLY**

VISA  Yes  No (\*If VISA is a YES then make a copy and send it to the Visa Department.\*)

Date Signature Verified: \_\_\_\_\_ Verified By: \_\_\_\_\_

Known: \_\_\_\_\_ ID/DL#: \_\_\_\_\_ Signature Card: \_\_\_\_\_

Other: \_\_\_\_\_

FM Date: \_\_\_\_\_ FM Performed By: \_\_\_\_\_

FM Verified By: \_\_\_\_\_ Date: \_\_\_\_\_