

Change of Address & Verification Form

I, Member's Name	aut	thorize U-Haul Federal Credit Union to change
the address on my account(s) to the ac	ldress listed belo	DW as of Effective Date
Account(s):		
Old Address		New Address
Street Address		Street Address
City, State, Zip		City, State, Zip
Home Phone		Home Phone
Work Phone		Work Phone
Email Address		Email Address
A PHYSICAL ADDRESS IS REQUIRED WHEN CHANGING THE MAILING ADDRESS TO A P. O. BOX.		
Signature		 In Person Received electronically
Credit Union Use Account(s)		Verify Signature
Date Rcv'd/Scanned	Initials	Remove Note & Code
UPDATE: CUBICS	STAR	Virtual Branch