



**Motor City**  
CO-OP CREDIT UNION

**CHANGE OF ADDRESS FORM**

Date \_\_\_\_\_

Member Service:

Please update your records effective immediately with the following address change on account

number(s) \_\_\_\_\_  
\_\_\_\_\_

**New Address:**

**Old Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**New Phone Number(s):**

**Email Address:**

Home \_\_\_\_\_

\_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

**Member Signature:**

**Verified By:**

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_