



GEORGETOWN UNIVERSITY
ALUMNI AND STUDENT
FEDERAL CREDIT UNION
 www.guasfcu.com

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 (202) 338-7635 - Fax
 help@guasfcu.com

ADDRESS CHANGE REQUEST

This form serves as an official record that the listed address change is authorized to be reflected on the accounts listed below. An authorized signer on the Credit Union account should complete this form.

ACCOUNT INFORMATION

Impacted Account Numbers

This address change applies to the following accounts:

Account Number:

Name on Account:

Account Number:

Name on Account:

ADDRESS INFORMATION

Old Mailing Address

New Mailing Address

Address 1:

Address 1:

City/Town, State, Zip Code:

City/Town, State, Zip Code:

If your physical address differs from your mailing address, please include a note of this.

AUTHORIZED SIGNER INFORMATION

Last Four Digits of SSN:

I hereby request and authorize the above address change. I further certify that I am a signer on the registered account for which the addresses are being changed. I agree that the above authorization will remain in effect until I provide GUASFCU with written notification of a change thereof. All requests are accepted subject to U.S. law, as well as GUASFCU terms and conditions, policies, and by-laws.

Signature

Date

Please submit this authorization form in addition to a proof of address change in person or via e-mail to help@guasfcu.com. A proof of address change can include a utility bill, a bank statement issued by another institution from within the past two months, a government issued document, or a government ID that reflects the updated address.