



## Change of Address Form

**Name:**

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**Account #:**

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**Other Account #:**

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**Old Address:**


**New Address:**

**Street:**

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**Mailing:**

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**New Phone:**

**Cell Phone/Work:**

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**E-mail address:**

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**Signature:** \_\_\_\_\_

PO Box 1978  
Snoqualmie, WA 98065

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[www.snofalls.com](http://www.snofalls.com)



## INTERNAL USE FOR CHANGES BY PHONE

Request Taken By	Date/Time
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### Verifying Questions (Use 3)

What is your account number? <input type="checkbox"/>	Date/Time
What is the last four numbers of your Social Security Number? <input type="checkbox"/>	Date/Time
What is your current address? <input type="checkbox"/>	Date/Time
What is your mother's maiden name? <input type="checkbox"/>	Date/Time
Other <input type="checkbox"/>	Date/Time

### Account Detailed Questions (Use 3)

What types of accounts do you have with SFCU? <input type="checkbox"/>	Date/Time
What type of loan do you have with us and what type of collateral is being used on your loan? <input type="checkbox"/>	Date/Time
What is your source of direct deposit? <input type="checkbox"/>	Date/Time
Name your account beneficiaries. <input type="checkbox"/>	Date/Time
Name the joint owners on your account. <input type="checkbox"/>	Date/Time
Other <input type="checkbox"/>	Date/Time