



Fayette Federal Credit Union
Change of Address Form

Instructions: Complete this form and submit it to Fayette Federal with a copy of a government-issued ID (Driver's license, military ID, passport).

Fayette Federal Account Number: _____

Member Name: _____

Social Security Number: (Last 4 #'s) _____

Email Address: _____

Old Address:

Street: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

New Address:

Street: _____

Mailing: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone: Home _____ Work _____

Date: _____

Primary Owner Signature: _____

Joint Owner Signature (if any): _____

Mail completed form to: Fayette Federal Credit Union

Re: Change of Address Request
6058 Robert C. Byrd Dr.
Mount Hope, WV 25880

Email completed form to: sshawver@fayettefcu.com or gmorgan@fayettefcu.com

(The form MUST be legible if you chose this option. We recommend scanning the form first then email)