



Change of Address

Instructions

Please print the following form, complete, and sign.

You can either fax the form to 859-264-4202, or mail the completed form to:

UK Credit Union
1730 Alysheba Way
Lexington, KY 40509-2279

Personal Information

Savings Account Number(s): _____
First Name: _____
Last Name: _____
Email: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

New Mailing Address

Street Address: _____
Apt. #: _____
City: _____
State: _____
Zip: _____

Physical Address (Complete only if Mailing Address is a PO Box)

Street Address: _____
Apt. #: _____
City: _____
State: _____
Zip: _____

Signature

For security reasons, we need your signature in order to change your address.

By signing this document I give my authorization to change my address only for the account(s) listed above.

Signature of Member _____ Date _____