

CHANGE OF ADDRESS FORM

I AUTHORIZE MISSISSIPPI PUBLIC EMPLOYEES CREDIT UNION TO CHANGE MY ADDRESS ON THE FOLLOWING ACCOUNTS:

MEMBER NUMBER(S) \_\_\_\_\_

DEBIT CARD \_\_\_\_\_

CREDIT CARD \_\_\_\_\_

MY OLD ADDRESS WAS:

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

MY NEW PHYSICAL ADDRESS IS:

MY NEW MAILING ADDRESS IS:

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

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

MY PHONE NUMBERS ARE:

WORK \_\_\_\_\_ EXT # \_\_\_\_\_

HOME \_\_\_\_\_

CELL PHONE \_\_\_\_\_

MY EMAIL ADDRESS IS:

\_\_\_\_\_

MOTHER'S MAIDEN NAME:

\_\_\_\_\_

AUTHORIZED BY:

\_\_\_\_\_

MEMBER SIGNATURE

PLEASE PRINT THIS FORM AND MAIL TO MSPECU, 613 S WEST ST., JACKSON MS 39201 OR YOU MAY FAX TO (601) 948-8198.