



2830 Ohio – P.O. Box 86
Augusta, KS 67010
(316) 775-7591

202 W. Central – P.O. Box 817
El Dorado, KS 67042
(316) 320-7649

300 W. Broadway
Newton, KS 67114
(316) 283-8517

Change of Address Request

Primary Member Name: _____

Co-Member(s)/Co-Borrower(s) Name: _____

Please list the member numbers and/or names for each account affected by this change:

Effective Date : _____

*New Address:

Old Address:

*If you have a PO Box, please include a physical address.

New Phone Number:

Old Phone Number:

Home: _____

Home: _____

Cell: _____

Cell: _____

Work: _____

Work: _____

New Email:

Old Email:

Date: _____

Member's Signature

By signing this Change of Address Request form, I authorize the credit union to change the contact information on my account(s).

Return Fax: 316-775-3305 Return Address: White Eagle Credit Union, P O Box 86, Augusta, KS 67010

For Office Use Only:

____ Joint Owner Address

____ IRA

____ Co-borrower on loan

____ VISA credit card

____ ATM/Debit card

____ Mail code/Message