

**Edco Federal Credit Union**

**Change of Address**

Office Use Only
Rec' d _____
Shares _____
ATM _____
Debit _____

Name \_\_\_\_\_ Account # \_\_\_\_\_

New Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

(If different than mailing address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

New Telephone No. ( ) \_\_\_\_\_ Do you have an ATM Card  Yes  No

Do you have a debit card  Yes  No Effective Date: \_\_\_\_\_

Additional accounts to be changed. Please list name and account #

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Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please fax or mail to:**

**Edco Federal Credit Union  
1165 North Ridge Road E.**

**Lorain, Ohio 44055  
Phone # 440-233-4878  
Fax # 866-936-6950**