



CHANGE OF ADDRESS & INFORMATION

Member Account Number: _____

YOUR NAME	Print on Type- Last Name, First Name, Middle Initial	
OLD ADDRESS	No. and Street, APT. Suite, P.O. BOX or RD No.	
	City, State and Zip Code	
NEW NAME	Print on Type- Last Name, First Name, Middle Initial	
NEW ADDRESS	No. and Street, APT. Suite, P.O. BOX or RD No.	Email Address
	City, State and Zip Code	Area Code and Telephone
Sign Here	Date Address in Effect	
FOR OFFICE USE ONLY		
<i>Manager App.</i>	<i>Account Number</i>	<i>Completed Date</i> <input type="text"/>

Return Completed Form By
 Fax to: 410-584-8061
 Mail to: Atlantic Financial FCU
 40 Schilling Road
 Hunt Valley, MD 21031
 Email to: support@affcu.org

40 SCHILLING RD
HUNT VALLEY, MD 21031

410.584.7474
1.800.505.7476
FAX 410.584.8061

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