

# Willis Credit Union

## Address Change Request

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\*Required Information

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### Previous Address Information

\*Member Account Number: \_\_\_\_\_

\*Name (First MI Last): \_\_\_\_\_

\*Street Address: \_\_\_\_\_

\*City, State, Zip: \_\_\_\_\_

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### New Address Information

\*Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

\*City, \*State, \*Zip: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_

\* Work Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

\* E-mail Address: \_\_\_\_\_

Due to regulatory requirements, we must maintain a physical street address in addition to a Post Office box address.

**In order to process the change, please print out this form and submit it to our office via fax to 615-872-6388, email at [credit\\_union@willis.com](mailto:credit_union@willis.com) or mail to Willis Credit Union - 26 Century Boulevard, Suite 3, Nashville, TN 37214**

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Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Office Use Only

Does the member have:

Debit Card: \_\_\_\_\_

ATM Card: \_\_\_\_\_

MasterCard: \_\_\_\_\_

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_