



Change of Address

Or Other Contact Information

2445 Mariondale Ave, Los Angeles CA 90032

Phone: 323-505-2600 Fax: 323-505-2613

Please change my: Mailing address Phone number(s) Email Address

If you do not know your account number, please include your social security number

Name:		Acct #:	
Do you have a Cal State L.A. FCU Visa® Credit Card? <input type="checkbox"/> Yes, please change my billing address <input type="checkbox"/> No			
Contact Information:			
Email Address:			
Home Phone:	Cell:	Work:	
Notes/Other Info:			
Old Address			
Home Address: <i>(Required)</i>			
New Address			
Home Address:			
Mailing Address: (if different)			
Signature:		Date:	

Please return in person, or via mail or fax. Signature required. Please allow up to 7 days for changes.

CU Use: Membership Account # _____

Change Date: _____ Scan Date: _____ MSR Initials: _____