



Address Change Form

Submission of this form effectively updates the address and/or name on record for your Olive View Federal Credit Union Account only.

YOUR CURRENT INFORMATION

Your Full Name _____
First Middle Last

Account # _____ Social Security # _____

Do you have any of the following? ☐ Online Banking ☐ Debit Card ☐ VISA Credit Card

Home Phone _____ Work Phone _____ Cell Phone _____

Previous Address _____

City _____ State _____ Zip _____

YOUR NEW INFORMATION

New Physical Address _____

City _____ State _____ Zip _____

New P.O. Box or Mailing Address (If Different From Physical) _____

City _____ State _____ Zip _____

SIGNATURE

By Signing I certify that I'm an authorized signer on the account(s) identified above and that I authorized this request.

Member's Signature

Date

RETURN BY

Mail: Send completed form and photocopy of photo identification to Olive View Federal Credit Union, PO Box 923071 Sylmar, CA 91342

Branch: Take completed form and photocopy of photo identification to 1445 Olive View Drive, O-1 Sylmar, CA 91342

Email: Scan the completed form with your photocopy of photo identification to memberservice@i-lovemycreditunion.com.