



Change of Address Form

Member Name _____ Last four of SSN or Account Number _____

Joint Owner Name _____ Do you have? (check all that apply):
Wealth management account with Verity
Verity Visa credit card
Dependents with accounts at Verity

New Physical Address

Street: _____
City, State, Zip: _____
Home Phone: _____ Mobile Phone: _____
Email address: _____
Business email: _____ Business Phone: _____

New Mailing Address (if different from above)

Street: _____
City, State, Zip: _____
Home Phone: _____ Mobile Phone: _____
Email address: _____
Business email: _____ Business Phone: _____

Member Signature _____ Date _____
 Check if authorizing for a minor. Relationship to minor: _____

Joint Owner Signature (required to change address for joint owner) _____ Date _____

Please sign and mail or fax to:
Verity Credit Union, PO BOX 75974, Seattle, WA 98175-0974, Fax: (206) 361-5300
Credit Union Use Only
Completed by (name and teller #): _____
Date completed: _____