



## ADDRESS CHANGE FORM

Please complete and print this form. You may return this form to:  
Duke Credit Union 2200 West Main Street, Suite L-100 Durham, NC 27705  
Questions, please call 919.684.6704 option 2.

Member's Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Apply address change to:

Duke Credit Union Accounts: \_\_\_\_\_

Harland Check Order

ATM/Funds Express Debit Card

Visa Credit Card

IRA Account: \_\_\_\_\_

Other (Specify): \_\_\_\_\_

New Address: \_\_\_\_\_

New Home Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Member Signature: \_\_\_\_\_

Date \_\_\_\_\_