



# Change of Contact Information Form

Please include with this completed form a photocopy of your driver's license and drop off at any branch or mail to:

APGFCU, Attn: Support Services  
 Department  
 P.O. Box 1176  
 Aberdeen, MD 21001-6176

TYPE OF ID:	
ID NUMBER:	

Please print all information except your signature.

Member Information	
MEMBER NUMBER	START DATE OF CHANGE
MEMBER NAME	

Old Contact Information			
STREET ADDRESS		APT.	
CITY	STATE	ZIP CODE	
HOME PHONE	WORK PHONE	EXT.	CELL PHONE

New Contact Information				
PO BOX (if PO box is provided as primary mailing address, please also provide physical address)		PO BOX CITY	PO BOX STATE	PO BOX ZIP CODE
STREET ADDRESS			APT.	
CITY	STATE		ZIP CODE	
HOME PHONE	WORK PHONE	EXT.	CELL PHONE	EMAIL ADDRESS

Military Status	
Are you currently on Active Duty military status? Yes          No	

Signature	
MEMBER SIGNATURE – Do Not Print – request cannot be processed without a valid signature	DATE SIGNED
SIGNATURE OTHER THAN MEMBER (IE:POA, GUARDIAN, TRUSTEE, ETC)-Do not print, request cannot be processed without a valid signature	DATE SIGNED

///// APGFCU Employee Use Only /////	
DATE ENTERED	EMPLOYEE NAME