

Address Change Form

Please change the address on the following Member Account Number(s):	
My New Address and Contact Information:	
First Name:	
Middle Name:	
Last Name:	
Address:	
City, State, Zip:	
Country:	
Home Phone (please include your area code) #:	
Cell Phone (please include your area code) #:	
Work Phone (please include your area code) #:	
Email Address:	
Please sign and return to NUFCU by mail or fax.	
Member Signature:	Date:

Mail form to: NUFCU PO BOX 82847 Lincoln, NE 68501-2847 Fax form to: NUFCU 402.472.6814