



Address Change Request

Account Number(s): _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Effective Date: _____

By signing below, you authorize Castparts Employees FCU to change your address to the address provided above. If you are a joint owner, please note that you must be joint on all accounts in order to make the necessary changes, otherwise the primary account holder needs to make the address change request.

Signature: _____ Date: _____

8120 SE LUTHER ROAD
PORTLAND, OR 97206
503-771-2464

Financial Service with Personal Attention