



RIVERVIEW
CREDIT UNION, INC.
IT'S WHERE YOU BELONG

MEMBER #: _____

Change of Address Form

Member/Owner (full name): _____ SSN: _____

Joint Owner (full name): _____ SSN: _____

NEW ADDRESS

Address Line: _____

City/State/Zip: _____

Phone: _____ Cell: _____ Work: _____

Email Address: _____

Member Signature: _____ Date: _____

Employee Initials: _____ Date: _____