



Bashas' Associates Federal Credit Union

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Change of Address Form

Member Name _____ Account # _____ Date _____

Old Address _____

City, State and Zip Code _____

New Address _____

City, State and Zip Code _____

Home Phone: _____ Work: _____ Cell: _____

Email Address: _____

Are you an owner or joint owner on other accounts that need to be updated? If so, include those numbers below.

Name: _____ Account Number _____

Name: _____ Account Number _____

Name: _____ Account Number _____

Signature _____

Date _____

For Credit Union Use Only

Date Received: _____ Date Completed: _____ Completed by: _____

Visa Credit Card: _____ IRA: _____ Bill Pay: _____