



**Member Services**  
847.843.6500

### Branch Locations:

**District 15 Service Center**  
580 N. First Bank Drive  
Palatine, IL 60067  
9:00AM to 5:00PM M-F

**District 211 Service Center**  
1750 S. Roselle Road  
Palatine, IL 60067  
9:00AM to 5:00PM M-F

**Northbrook Service Center**  
1334 Shermer Road  
Northbrook, IL 60062  
9:00AM to 6:00PM M-F  
9:00AM to 2:00PM Sat.

**Schaumburg Service Center**  
22 W. Schaumburg Road  
Schaumburg, IL 60194  
9:00AM to 6:00PM M-F  
9:00AM to 2:00PM Sat.

Member Identified By: \_\_\_\_\_

Pin # \_\_\_\_\_

Known \_\_\_\_\_

Sig/ID \_\_\_\_\_

Processed By \_\_\_\_\_

We have received notification that your address has changed. An Address Change Form with an authorized signature or other means of identifying information must be completed for all address changes with Premier Credit Union. Please include updated phone numbers.

**Please complete the information below and return in person or by mail to one of our branch locations.**

#### Information as it appears now:

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Street: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Information to read as follows: \*If using a PO Box, you must include a residential address.

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Street: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

#### Please list member account number(s) to reflect this change:

\_\_\_\_\_

#### \*Residential Address: (leave blank if the same as above)

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I authorize Premier Credit Union to change my address with a verbal authorization. I understand that I will need to give my Personal Identification Number for identifying information in lieu of my signature.

#### Member's Signature:

X \_\_\_\_\_ Date \_\_\_\_\_

#### \*\*For Internal Use only\*\*

Visa Card # \_\_\_\_\_

VISA Checkcard/ATM

IT Dept.		Member Services Dept.	
Initial/Date	Initial/Date	Initial/Date	Initial/Date
<input type="checkbox"/> VISA CardSource _____	<input type="checkbox"/> Account Owner Change _____	<input type="checkbox"/> IRAs _____	
<input type="checkbox"/> ATM/Debit Fidelity _____	<input type="checkbox"/> Verify ID/Signature _____	<input type="checkbox"/> Liberty Direct _____	
<input type="checkbox"/> ATM/Debit STAR _____	<input type="checkbox"/> Mgr/Asst.Mgr.Initial _____	<input type="checkbox"/> Red Flag Note _____	