



Marriott Employees' Federal Credit Union  
P.O Box 6006  
Bethesda, MD 20827

Member Contact Center  
Phone: 800.821.7280 Fax: 301.634.5275

**Change of Address Notification**

*Please mail the completed form to the address above or fax it to the attention of Member Services*

Name: \_\_\_\_\_ MEFCU account #: \_\_\_\_\_  
Mother's maiden name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Email Address: \_\_\_\_\_  
Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

**PREVIOUS ADDRESS (Please print legibly)**

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_

**NEW RESIDENTIAL ADDRESS (Please print legibly)**

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_

**NEW MAILING ADDRESS (Please print legibly) –**  
*If different from residential (The address you prefer to receive your mail)*

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date