



8499 Tamarack Road  
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**ALTERNATE ADDRESS CHANGE FORM**

Member Number: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Member Name: \_\_\_\_\_

**Mailing Address**

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Seasonal Address**

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

If seasonal, will it remain the same year-to-year?  Yes  No

**Phone and Email**

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Agreement:**

**As an owner of this account, I authorize Ideal Credit Union to make the changes noted above and certify, under penalty and perjury, that all information is true and correct.**

**Signature:** \_\_\_\_\_

**For credit union use only**

DNA  MTG  IRA/HSA

VISA  Liberty

**Date:** \_\_\_\_\_ **Op** \_\_\_\_\_  Onbase