

Address Change Form

Member Number: _____

Related Member Account(s): _____ . _____ . _____ .

Member Name: _____

Current Address:

Address: _____ Apt # _____

P.O. Box: _____ (Mail may be sent to PO Box, we require physical address on file)

City: _____ State: _____ Zip Code: _____

Home: (_____) _____ Work: (_____) _____

Mobile: (_____) _____

Email: _____

Previous Address:

Address: _____ Apt # _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

FOCU – Office Use Only

Employee: _____ Membership Account

Date Processed: _____ Check Update (Liberty)

IRA or HSA (Ascensus)

Date Scanned: _____ Visa Credit Card



Columbia Heights
843 40th Ave NE
Columbia Heights, MN 55421
Fax: 763-404-7630

Coon Rapids
11465 Robinson Dr
Coon Rapids, MN 55433
Fax: 763-755-8902

Blaine
10210 Baltimore St NE
Blaine, MN 55449
Fax: 763-789-9190

