



8499 Tamarack Road
 Woodbury, MN 55125-9201
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 www.idealcu.com

Alternate Address Change Form

MEMBER INFORMATION

First Name: _____

Last Name: _____

Member Number: _____

ALTERNATE MAILING ADDRESS

Street / P.O. Box: _____ Apt #: _____

City: _____ State: _____ ZIP: _____

SEASONAL MAILING ADDRESS

Start Date: _____ End Date: _____

Street / P.O. Box: _____ Apt #: _____

City: _____ State: _____ ZIP: _____

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: _____ Date: _____

Credit Union Use Only

DNA MTG IRA/HSA

Date: _____ Operator: _____ OnBase

VISA Liberty