



State Change Request

Section 1 - Member Information

Member Full Name:

Member Number:

Section 2 - Contact Information

I hereby authorize Connexus Credit Union to change the following information on all my records and accounts:

Previous Residential Address (Must use physical street address; no PO Boxes)

Street Address:

City:

State:

Zip:

New Residential Address (Must use physical street address; no PO Boxes)

Street Address:

City:

State:

Zip:

Phone Number:

Email:

Local Motor Vehicle Department Address:

Street Address:

City:

State:

Zip:

Section 3 - Vehicle Information

Year:

Make:

Model:

Vehicle Identification Number (VIN):

Year:

Make:

Model:

Vehicle Identification Number (VIN):

Year:

Make:

Model:

Vehicle Identification Number (VIN):

Year:

Make:

Model:

Vehicle Identification Number (VIN):

Section 4 - Signature

Member Signature:

Date:

If you have forms from the motor vehicle department to submit, please include them with this form.

Last revision date:
02/01/2023