

Change of Address *All information is confidential*



If you would like to change the address on your account, please complete the information below (one form per account). Once this form has been completed and signed, you may return it to any Wescom branch or mail it to: Wescom Financial, P.O. Box 7058, Pasadena, CA 91109-7058, ATTN: Deposit Operations.

About you *(PLEASE PRINT)*

Member's Name _____
First Middle Last

Account Number _____ ☐ YES Please change the address on my Wescom Visa card

PREVIOUS Residential Address

Address _____

City _____ State _____ Zip _____

Home Phone _____

NEW Residential Address

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email address _____

Effective Date _____ Expiration Date _____ (Place dates here if applicable)

~~~~~  
If your Residential and Mailing address are the same, please SKIP the fields below.

## PREVIOUS Mailing Address

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

## NEW Mailing Address

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_ (Place dates here if applicable)

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_