



150 Willie Smokie Glover Drive  
Macon, GA 31201

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**ADDRESS CHANGE REQUEST**

Member Account Number: \_\_\_\_\_

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

New Address Line 1: \_\_\_\_\_

Line 2: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Member's Signature \_\_\_\_\_ Date of Request: \_\_\_\_\_

Credit Union Staff Signature: \_\_\_\_\_ FM Date: \_\_\_\_\_