

LEGACY CREDIT UNION  
3929 E. 7<sup>th</sup> St., Suite A  
JOPLIN, MO 64801

ACCOUNT NUMBER(S)

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|  |

Print your name and home address information, please.

|  |        |           |
|--|--------|-----------|
| Name:  |        |           |
| Street:  |        |           |
| City:  | State: | Zip Code: |
| Telephone Number: (      )   |        |           |
|  |        |           |
|  |        |           |
| <b>I hereby authorize Legacy Credit Union to change the address(s) on the above referenced accounts.</b> |        |           |
| Signature:   |        | Date:     |

**Return this form to LEGACY CREDIT UNION**