

**GP LOUISIANA FEDERAL CREDIT UNION  
PO BOX 520  
ZACHARY, LA. 70791  
(225) 654-7230**

**Account Name:** \_\_\_\_\_ **Account#:** \_\_\_\_\_

**ADDRESS CHANGE:**

**Old Address:** \_\_\_\_\_

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

**Old Phone Number:** \_\_\_\_\_

**New Address:** \_\_\_\_\_

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

**New Phone Number:** \_\_\_\_\_

**I/We agree that the changes on this card amend the previously signed Account Card and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and See Schedule, and Funds Availability Policy Disclosure, if applicable, and to acknowledge receipt of a copy of the changes requested above. If any ATM Card or EFT service is provide, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.**

**I/We authorize the Credit Union to make and accept the above changes to my/our account(s).**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**