

# CHANGE OF ADDRESS



Account Name/s: \_\_\_\_\_

Member number \_\_\_\_\_

Residential Address:

\_\_\_\_\_

\_\_\_\_\_ State : \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address:

\_\_\_\_\_

\_\_\_\_\_ State : \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone:

(Business) \_\_\_\_\_

(Home) \_\_\_\_\_

(Mobile) \_\_\_\_\_

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

Date to be effective from \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature

Date

## OFFICE USE ONLY

My ViewPoint updated	Yes/No
Email address updated	Yes/No
Signature checked	Yes/No

PJT updated	Yes/No
SJT updated	Yes/No
Signed/Date	

**Laboratories Credit Union Limited**

ABN 77 087 650 217

PO Box 1967 Macquarie Centre 2113

phone 02 9859 0585 fax 02 9859 0555

AFSL/ACL 240807

email [info@lcu.com.au](mailto:info@lcu.com.au)

[www.lcu.com.au](http://www.lcu.com.au)