



# Change of Address

**What Type of Change(s) are you requesting?**

- |  |   |
|--|---|
| <input type="checkbox"/> Physical* and Mailing Address | <input type="checkbox"/> Telephone Number     |
| <input type="checkbox"/> Physical* Address Only        | <input type="checkbox"/> Email Address Change |
| <input type="checkbox"/> Mailing Address Only          |   |

\* Physical Address cannot be a P.O. Box, must provide a true address.

**Individual/Business Information: (provide name as it appears on your statement**

Account Title/Member Name(s) \_\_\_\_\_

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

**New Address or Phone Number: please note that for P.O. Box, a physical address is required.**

Mailing Address	City	State	Zip
Physical Address	City	State	Zip
Primary Phone:			
Secondary Phone:			

Account Information:       Change my address for ALL Accounts  
 Change only the account(s) listed below ( choosing this option, accounts not listed will NOT be changed.)

Account Number		
Account Number		
Account Number		
Loan – Credit Card		
Loan – Other		
Other – Specify		

In order to ensure the accuracy of your information, an authorized account holder must sign below. For joint accounts, only one signature is required. A Minor cannot make changes!

Print Name	Signature	Date



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## Address Change Checklist

For Credit Union Use Only

\*\*Needs to be Initialed by TWO individuals for verification of changes made!\*\*

	_____	_____	_____
Menu 23	___ / ___	___ / ___	___ / ___
Menu 28	___ / ___	___ / ___	___ / ___
Visa D.C.	___ / ___	___ / ___	___ / ___
Visa C.C.	___ / ___	___ / ___	___ / ___
VB	___ / ___	___ / ___	___ / ___
BP	___ / ___	___ / ___	___ / ___
IRA	___ / ___	___ / ___	___ / ___

Credit Union Use Only:

Completed By: : \_\_\_\_\_ Date: : \_\_\_\_\_ Audited By: : \_\_\_\_\_ Date: : \_\_\_\_\_