



CHANGE OF ADDRESS

Temporary Change Permanent Change

MEMBER INFORMATION			
Member Name: (Last)	(First)	(M.I.):	Member Account Number:
NEW ADDRESS			
Street Address:			Apt No.:
City:	State:	Zip Code:	
CURRENT ADDRESS			
Street Address:			Apt No.:
City:	State:	Zip Code:	
OTHER CONTACT INFORMATION			
Email Address:	Telephone (Home):	Telephone (Other):	
Authorized Signature: X			Date:

Because the Credit Union cares about your security, please choose one of the following options to verify your identity:

Option 1: I would like to have a Member Services Representative call me to complete the verification of my identity.

Option 2: (Have this form Notarized):

(Notary Seal)

Notary Signature: _____

County: _____

Expiration: _____

FOR CREDIT UNION USE ONLY:

Request Received via: <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Telephone <input type="checkbox"/> In-Person <input type="checkbox"/> Facsimile <input type="checkbox"/> Electronic Mail <input type="checkbox"/> Other: _____	Verified By:	Initials:	Processed By:	Initials:
	Date:		Date:	