



CHANGE OF ADDRESS MEMBER AUTHORIZATION

PLEASE NOTE: To ensure the Security of your Account(s), the Credit Union, in its Discretion, may contact the Primary Member to Confirm and Verify all Changes to the Account(s).

Effective Date: _____ End Date (If Temporary): _____

CHANGE TYPE: TEMPORARY/SEASONAL CHANGE PERMANENT CHANGE

MEMBER INFORMATION:			
Member Name: (Last)	(First)	(M.I.)	Member Account Number
MEMBER CONTACT INFORMATION			
Primary Telephone Number:	Type	Primary Email Address	
	HOME CELL WORK		
Alternate Telephone Number:	Type	Alternate Email Address	
	HOME CELL WORK		
NEW PHYSICAL ADDRESS INFORMATION:			
Street Address:			Apt./Unit No.:
City:	State:	Zip Code:	
MAILING ADDRESS (If Different from Physical Address):			
Street Address:			Apt./Unit No.:
City:	State:	Zip Code:	
PREVIOUS ("OLD") ADDRESS INFORMATION:			
Street Address:			Apt./Unit No.:
City:	State:	Zip Code:	
LIST ACCOUNTS TO BE UPDATED:			
Share Suffix to Update Address:			
ALL ACCOUNTS			
MEMBER AUTHORIZATION			
Authorized Signature:			Date:
X			

FOR CREDIT UNION USE ONLY:					
Request Received via:	IN PERSON	FAX	Verified By:	Date:	
EMAIL US MAIL OTHER: _____			Processed By:	Date:	