



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:	