



Address Change Form

* _____
Member Name

* _____ * _____
Member Address (Physical) Account Number

* _____ * _____
Mailing Address (if applicable) Debit/ATM Card Number

* _____ * _____
City, State & Zip Code Visa Credit Card Number

* _____ * _____ * _____
E-Mail Address Home Phone Number Cell Phone Number

Is this a seasonal address change? Yes No Seasonal date valid from _____ to _____

*Member Signature: _____ Date: _____

*Required Fields

OFFICE USE ONLY

Date Taken: _____ Taken By: _____

How was the information received?

In Person Internet Mailed In Date the confirmation letter was mailed _____

Changes were made on the following applications: (please initial)

RCO/TPM _____ Elan _____ Visa _____ Bill Pay _____ Ascensus _____ Mobile Check Deposit _____
Please send this form to the appropriate departments for maintenance

Please do the following maintenance or updates accordingly:

- Nine Digit Zip Code Verified
- Account Checked For **Do Not Mail**
- Account Checked **Y** To Create Statements
- Account Checked **Y** To Mail Statements
- Can Any Accounts Be Included With This Account