

CHANGE OF ADDRESS

(PLEASE PRINT)

Member Name _____

Member Number _____

Old Address _____

New Address _____

(No POBox)

Alternate Mailing Address _____

(POBox or other)

Home Phone (____) _____

Business Phone (____) _____

Cell Phone (____) _____

Email Address _____

List other accounts and/or owners that need to be changed to this address. (Must be joint owner to make changes.)

Name _____ **Member #** _____

Name _____ **Member #** _____

Requested By: _____ **Date** _____

Member's Signature

OFFICE USE ONLY

Changed by _____ Date _____

Verified by _____ How? **M I B**

**If the member has an IRA account, notify Member Investment Officer of address change. If the member has Bill Pay, notify the Home Banking Department of address change.