

CHANGE OF ADDRESS

Account # _____ *Name of member requesting change _____
(* Must be joint on the S1 to initiate change of address)

Physical Address (**NOT A P.O. BOX**):

Mailing Address:

Hm # _____ Wk # _____ Cell # _____ Email _____

Other family members with same change(s): Account # _____ Account # _____
(Must be on S1 of other accounts to initiate change of address)

Member Signature _____ Date _____

This section for use by credit union personnel

IF REQUESTING BY PHONE

Identity Check List - *Must be able to correctly answer at least 2 questions*

Basic Account Info

- ☐ Year Account Opened
- ☐ Joint Owner info (DOB, name)
- ☐ Name of Beneficiary
- ☐ Type(s) of suffix(es) on account

EFT Access

- ☐ Date of Last HB login
- ☐ Last Bill paid w/Bill Pay
- ☐ Last POS transaction w/Debit
- ☐ Last amount of ATM transaction

Loan Account Info

- ☐ Collateral Info (yr, make, model)
- ☐ Regular Payment amt or pmt due date
- ☐ Payment frequency
- ☐ Last Payment Date
- ☐ Credit Limit on Visa

Miscellaneous

- ☐ Branch SDB is located
- ☐ Amt of Payroll/Allotment
- ☐ Last CUSC location used

Address change completed in FSP by _____ Date _____

Address changed in: FSP _____ Bill Pay/Mbr Care _____ Real Estate _____

For Credit Union Use Only:

Account Number

Employee

Date

Branch