

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

Loan Account Info

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

EFT Access

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

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 _____