

# ADDRESS CHANGE REQUEST FORM

Member Name: \_\_\_\_\_  
(Printed)

New Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

\*\*A phone# is required. If you do not have a land line please list an alternate number that we can contact you. This is required to alert you of potential fraud or other account issues. Even if your ph# hasn't changed, please list it here so that it can be confirmed that we have the correct contact information.

Do you have a joint member listed on your account? \_\_\_\_\_

If YES, is their address changing also? \_\_\_\_\_ (joint member must sign this form, too)

Do you have a DEBIT card? \_\_\_\_\_

Do you have an ATM card? \_\_\_\_\_

Do you have a CREDIT card? \_\_\_\_\_

Do you have an IRA account? \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*do no write below this line\*\*\*\*\*

Please initial and date when change has been made.

**MAKE SURE YOU CHANGE THE JOINT MEMBERS INFORMATION IF APPLICABLE!**

Change made on System: \_\_\_\_\_

Change made on AWS System: \_\_\_\_\_

Change made on VISA System: \_\_\_\_\_

Change made on IRA System: \_\_\_\_\_