

# Official Change of Address Form

In an effort to provide the security of your personal information, a signature is required from either the main member or a joint owner of an account to change the address listed on the account. If the main owner is a minor, the legal guardian or parent may sign.

Primary Member Name: \_\_\_\_\_ Primary Account Number: \_\_\_\_\_

Joint Member Name: \_\_\_\_\_ Joint Account Number: \_\_\_\_\_

Joint Member Name: \_\_\_\_\_ Joint Account Number: \_\_\_\_\_

Date Primary Account was Opened: \_\_\_\_\_

\* If address change is within 90 days of opening the account, scan in supporting documents

Check this box if you use/have our:      Bill Pay              VISA Card              IRA

**Previous Address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**New Mailing Address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**New Physical Address:** (if different from mailing, we must have a physical address for our records)

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Contact Information:**

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

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

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

Primary Email Address: \_\_\_\_\_

Joint Email Address: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**For Office Use Only:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  Phone numbers verified  Address verified

All accounts needing changed are listed  Supporting documents scanned in

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_