



Change of Address Form

Name (First and Last): _____

Social Security Number: _____

Contact Information: Home: _____ Cell: _____

Work: _____

Email Address: _____

Additional account holder(s) included in this address change:

Name (First and Last): _____ Phone: _____ SSN: _____

Name (First and Last): _____ Phone: _____ SSN: _____

Name (First and Last): _____ Phone: _____ SSN: _____

Effective Date: _____

Old Address: _____

City: _____ State: _____ Zip: _____

Apartment/Unit/Suite Number: _____

New Physical Address (Required): _____

City: _____ State: _____ Zip: _____

Apartment/Unit/Suite Number: _____

Mailing Address: (if different than above) _____

PO Box: (if applicable) _____

City: _____ State: _____ Zip: _____

Do you need to ... Order New Checks? Yes* No

Checking Account: _____

**By checking yes, you agree to have your checking account debited by Harland Clarke for the cost of the checks (including shipping charges).*

By signing below, you are agreeing to the above listed changes.

Thank you for notifying
MY CREDIT UNION
of your profile changes.

Signature

Date

Phone Intake Only	Verified Using _____	Date of Birth _____
		Last 4 of SSN _____
	Out of Pocket Question	
	Q. _____	
	A. _____	
	Call Time: _____	Call Date: _____

Internal Use Only		Completed By	Verified By
	DNA	_____	_____
	Ascensus	_____	_____
	Liberty	_____	_____
		_____	_____
		Date Completed	Date Verified