



# HEART O' TEXAS FEDERAL CREDIT UNION CHANGE OF ADDRESS AUTHORIZATION

I HEREBY AUTHORIZE THE FOLLOWING CHANGE OF ADDRESS REQUEST TO BE MADE EFFECTIVE:

MEMBER NAME \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

PREVIOUS MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NEW MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

P.O. BOX ADDRESS (IF APPLICABLE) \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ WORK PHONE NUMBER \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS (PLEASE WRITE CLEARLY) \_\_\_\_\_

I AM AN AUTHORIZED SIGNER AND WISH TO HAVE THE SAME ADDRESS CHANGE MADE TO THE FOLLOWING ACCOUNTS:

ACCOUNT # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

IN ORDER TO PROCESS YOUR REQUEST, THE FORM MUST BE FULLY COMPLETED AND SIGNED BY AN ACCOUNT OWNER. HELP US HELP YOU PROTECT AND PREVENT FRAUD ON YOUR ACCOUNT. THIS FORM WAS COMPLETED \_\_\_\_ IN PERSON OR \_\_\_\_ BY MAIL



MEMBER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**(FOR OFFICE USE ONLY)**

- \_\_\_\_ ALL ABOVE INFORMATION PROVIDED BY THE MEMBER HAS BEEN UPDATED
- \_\_\_\_ E- NOTE ON ACCOUNT (SET A 30 DAY EXPIRATION DATE FOR E-NOTE) "ADDRESS UPDATED ON [DATE] [YOUR INITIALS]"
- \_\_\_\_ DOES MEMBER HAVE AN IRA ON THIS ACCOUNT? \_\_\_\_ YES OR \_\_\_\_ NO
  - \_\_\_\_ IF YES HAVE YOU UPDATED THE ADDRESS WITH **ACENSUS**?
- \_\_\_\_ RECEIVED BY MAIL VERIFY SIGNATURE ON FILE
- \_\_\_\_ IF COMPLETED IN PERSON THE FOLLOWING INFORMATION IS REQUIRED:
  - DRIVER'S LICENSE #: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_ EXP: \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_ TLR # \_\_\_\_\_ DATE \_\_\_\_\_