

# **CHANGE OF ADDRESS AUTHORIZATION**



I hereby authorize the following change of address to be made effective:

Account No:	<input type="checkbox"/> In Person <input type="checkbox"/> By Mail		
Member Name (First-Mi-Last):			
Previous Mailing Address:	City:	State:	Zip:
New Mailing Address:	City:	State:	Zip:
P.O. Box Address (if applicable):	City:	State:	Zip:
Home Phone:	Cell Phone:		
Work Phone:	Email Address:		

I am an authorized signer and wish to have the same address change made to the following accounts:

Account No:	Account No:	Account No:
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In order to process the changes requested above, this authorization form must be fully completed and signed by you, the account owner.

<b>Member Signature:</b> <b>X</b>	<b>Date:</b>
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**For Office Use Only:**

All above information provided by the member has been updated

Alert has been added to account (Set 30-day expiration date for alert)

Does member have an IRA on this account?     Yes     No    If yes, you must contact Ascensus to update address.

Change of address request received by mail – Member signature was verified prior to processing address change

If change of address request is in person, the following information is required:

Driver's License No:	State Issued:	Expiration Date:
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CU Employee Signature:	Date:
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