

## ADDRESS AND PHONE NUMBER CHANGE FORM

Please complete, sign and return this change request to any Credit Union branch location or mail to PO Box 368, Bloomington, IN 47402. Allow 3-5 business days for your request to be processed.

MEMBER/BUSINESS NAME \_\_\_\_\_

ACCOUNT NUMBER(S) – Please remember to include all applicable account numbers. Only the account numbers listed below will be updated.

Account Number \_\_\_\_\_ Account Number \_\_\_\_\_ Account Number \_\_\_\_\_

Account Number \_\_\_\_\_ Account Number \_\_\_\_\_ Account Number \_\_\_\_\_

MAILING ADDRESS AND PHONE NUMBERS – If mailing address is a PO Box, you **MUST** provide a physical street address in the Alternate Address section below.

Choose One:  Change effective immediately  Change effective on \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

PHYSICAL STREET ADDRESS – This section is only **REQUIRED** if using a PO Box mailing address

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**I hereby acknowledge that the information I have provided is correct and that I am authorized to amend the information for the account(s) listed above.**

Member/Authorized Signer Signature X \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

ID Type \_\_\_\_\_ Issued By \_\_\_\_\_ Number \_\_\_\_\_

Issued Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

### CREDIT UNION USE ONLY

Address change received:  in person  by mail  through Online Banking  other \_\_\_\_\_

Date Address Changed in System \_\_\_\_\_  Ran Remove Bad Address Specfile Branch/Department \_\_\_\_\_

Request taken by \_\_\_\_\_ Teller Number \_\_\_\_\_