



CHANGE OF ADDRESS REQUEST

ADDRESS CHANGE IN-HOUSE. ADDRESS CHANGES BY MAIL MUST BE NOTARIZED.

Members Name: E-mail:

Old Address: Street Address Apartment No. City State Zip

New Address: Street Address Apartment No. City State Zip

Physical Address: (If new address is a P.O. Box) Street Address Apartment No. City State Zip

Home Phone No. Cell Phone No.

Member Signature Date

(Must be Notarized if change is being done by mail)

State of

County of

, being duly sworn, declares the above statement is true and correct. Signed this day of, 20.

Member's Signature

Subscribed and sworn to before me appeared this day of, 20.

Notary Public

My commission expires:

Office Use Only
Name of Employee making address change:
Date Entered on System: Time Entered:
ID Verified (In-House) Savings Acct. No.: 30200
Company No & Social