



## Address Change

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

Social Security # \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Member Name: \_\_\_\_\_

Old Address: \_\_\_\_\_

New Address: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Member Signature: \_\_\_\_\_

### Staff Use Only

☐ Dormant Account Activation . . . . . Supervisor Signature: \_\_\_\_\_

☐ Visa Check Card

☐ Visa Credit Card

☐ IRA Account . . . . . IRA Account # \_\_\_\_\_

Other Accounts . . . . . Spouse # \_\_\_\_\_

. . . . . Dependants

. . . . . # \_\_\_\_\_

. . . . . # \_\_\_\_\_

. . . . . # \_\_\_\_\_

. . . . . # \_\_\_\_\_

Supervisor must authorize Dormant Account Activation. Check and verify each category above; account numbers must be listed.

Copies are to be forwarded to appropriate department(s). Keep in separate file.

The staff member verifying this information must sign and date this form.

\_\_\_\_\_  
SIGNATURE OF STAFF MEMBER

\_\_\_\_\_  
DATE