

CHANGE OF ADDRESS NOTICE

Please provide all affected account #(s) so we can change the address on all of them.

Account # _____

Account # _____

Account # _____

Account # _____

Name: _____ *ID #: _____ State Issued: _____

NEW Home Telephone #, if applicable: (____) _____

NEW Work Telephone #, if applicable: (____) _____

NEW Cell Phone #, if applicable: (____) _____

NEW Email Address, if applicable: _____

*Provide a copy of your state issued ID with completed form.

Old Address: _____

NEW ADDRESS: _____

Effective Date of Change: _____

Please change my account(s) address and/or telephone number(s) according to the information provided above:

Signature: _____

Date: _____

FOR CREDIT UNION USE ONLY:

Address Change Entered By (TTCU employee): _____ Date: _____

Does account have checking? Update record on Harland Clarke: _____

Does account have IRA? Update record on Ascensus: _____

SECURITY PROCEDURES (attach documents used for scanning)

Request received in person: Known By Employee _____

Obtained ID: _____ Other: _____

Request not received in person: Signature Verification (_____) Obtained ID: _____
