



# ADDRESS CHANGE FORM

Effective Date: \_\_\_\_\_

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

All Account Numbers Affected: \_\_\_\_\_

<input type="checkbox"/> <b>Address Change:</b> Please complete and sign this form.
Previous Address: _____
City: _____ State: _____ Zip: _____
New Address: _____
City: _____ State: _____ Zip: _____
Physical Address (if PO Box/Mail Stop used): _____
City: _____ State: _____ Zip: _____

<input type="checkbox"/> <b>Phone Number Change:</b> Please complete and sign this form.
Home: Previous #: _____ New #: _____
Work: Previous #: _____ New #: _____
Cell: Previous #: _____ New #: _____

<input type="checkbox"/> <b>E-mail Address Change:</b> Please complete and sign this form.
Previous E-mail Address: _____
New E-mail Address: _____

The completed Address Change Form must be signed to initiate the change request.  
Please sign and submit the completed form to a CASE Credit Union representative.

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

Driver's License or State ID #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

### Credit Union Use Only

Form received by: _____	Date: _____	Address changes made to following systems:
System change entered by: _____	Date: _____	<input type="checkbox"/> GUI <input type="checkbox"/> Home Banking
Changes verified by: _____	Date: _____	<input type="checkbox"/> IRA Direct <input type="checkbox"/> Member instructed to change address with Élan
		<input type="checkbox"/> Check Vendor