



REQUEST TO CHANGE ADDRESS

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

Account #: \_\_\_\_\_

Checking Account: **Yes** or **No**

New Address:

New Phone#: (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

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

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

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Account Maintenance Performed by: \_\_\_\_\_

If Received by Mail – Member Contacted for Verification: \_\_\_\_\_

For Checking Account/Debit Card - Change Address in Shazam: \_\_\_\_\_

Date Maintained: \_\_\_\_\_