

# Change of Address



\_\_\_\_\_  
Name Account #

## Which Address do you want to change?

Primary     Alternate    Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_\_\_  
Old Address City State Zip

\_\_\_\_\_  
New Address City State Zip

\_\_\_\_\_  
Home Phone Work Phone

\_\_\_\_\_  
Cell Phone Email

## Are You a Bill Pay User?

Yes     No

*Bill Payer Users: Your address will not update automatically on your Bill Pay site. Please change it next time you log in to pay your bills. If you have any questions, please let us know.*

## Change the address on more than one account.

List the account number and the primary member's name

\_\_\_\_\_  
Name Account #

\_\_\_\_\_  
Name Account #

# X

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

\_\_\_\_\_  
Date

### For Credit Union Use Only

Member has the following accounts or services:

Debit/Credit Card    Number: \_\_\_\_\_  
 IRA Account     Checks from Harland Clarke

Processing:

**Summit:** \_\_\_\_\_  
Employee Signature Date

**Credit Card:** \_\_\_\_\_  
Employee Signature Date

**IRA Direct:** \_\_\_\_\_  
Employee Signature Date

**Harland Clarke:** \_\_\_\_\_  
Employee Signature Date

Notes: \_\_\_\_\_

### Telephone Address Change Member Identity Verification - Mandatory Items

SSN     DOB  
 Old Address     Phone Number  
 Password     Mother's Maiden Name

After you have verified the mandatory items, verify at least 3 of the items listed below. Work down the list until you have verified three items.

Driver's License Number  
 Last Branch Visited  
 Secured Loan Collateral (i.e. Vehicle)  
 Last Deposit Amount  
 Recent Debit Card Transaction  
 Year Account Opened