

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