



## CHANGE OF ADDRESS / NAME AUTHORIZATION

Account # \_\_\_\_\_ Social Security # \_\_\_\_\_ Drivers Lic. # \_\_\_\_\_

Member Name \_\_\_\_\_ Phone Home \_\_\_\_\_  
Work \_\_\_\_\_  
Cell \_\_\_\_\_

*Previous Name if Name Change* \_\_\_\_\_

Residential Address \_\_\_\_\_

*(No PO Boxes)*

Mailing Address \_\_\_\_\_

*(If different from residential address)*

*Previous Address if Address Change* \_\_\_\_\_

Member has a debit card? YES \_\_\_ NO \_\_\_ Debit Card # \_\_\_\_\_

Member has ADD Insurance? YES \_\_\_ NO \_\_\_

*(If yes, complete pink ADD change form, mail to Insurance Company, & put copy in member's file)*

**Please note: If member has a P.O. Box address, we also need a physical address.**

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

\* Are any other UHSEFCU members effected by this move? \_\_\_\_\_