



CHANGE OF ADDRESS

Effective Date: _____

Member Name: _____

Account # (s): _____

Visa Credit Card # (s): _____ Visa Check Card # (s): _____

Old Address: _____

New Address: _____

Phone # (s): Home: _____ Work: _____ Cell: _____

Member Signature: _____ Date: _____

For Office Use Only

Verified by: _____ Employee: _____

Completed: Account _____ Visa Credit _____ Visa Debit _____

IRA ___ yes ___ no (If yes, please notify Karlene)

Choice.Address.Change