



Address Change Request

TELL US YOUR INFORMATION

Member Name: Account Number:

Date Effective:

Additional Account Numbers To Be Changed:

New Mailing Address
House Number:
Apt Or Unit:
City:
State: Zip:

New Physical Address
Mailing Address is the same as Physical Address
House Number:
Apt Or Unit:
City:
State: Zip:

Home Phone: Cell Phone:

Work Phone: Email Address:

Member Signature: _____ Date:

FOR EDCU USE

Use this section for address change requests that also come thru other channels

Requested Via: In Person Mail Other _____ ID Verified: ID on file ID presented in person Other _____

Updated On System: Remove Bad Addr Flag Remove Mail Code

Remove Attn Msg Update Harland Update IRA Direct

Completed By: Completed Date:

Scan Tag Member Records/Address Change Remember to scan to each account listed above

SSN Control