



Change of Address Request

Account Holder Name: _____

Member #: _____

Social Security #: _____

Share Account #: _____

New Address (Physical/Residence):

New Address (Mailing):

Street Address

Street Address or PO Box

Street Address

Street Address

Apartment #

Apartment #

City State Zip

City State Zip

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Additional Signer Information

NOTE: Please list all additional signers in your household with an address that will be updated (use a second form for additional signers):

Signer (1):

Signer (2):

Signer (3):

Name: _____ Name: _____ Name: _____

Cell Phone: _____ Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____ Work Phone: _____

Email Address: _____ Email Address: _____ Email Address: _____

Member #: _____ Member #: _____ Member #: _____
If applicable If applicable If applicable

Account Holder Signature

Date

For Credit Union Use Only

Received by: _____ Date: _____

Identification #: _____ Exp. _____

Processed on OSI by: _____ Date: _____

Teller #: _____ Branch: _____

**Processor should complete 1-4*

1. Change of address OSI 'person' warning flag updated
2. Bad Address Flag Removal Process:
 - Remove Bad Address Restriction on each acct.
 - Change Hold all mail to Regular on each acct
3. Harland/Liberty Address Updated (if applicable)
4. Verify Account Roles
 Signer #1: Yes No #2: Yes No #3: Yes No