

## Change of Address

Member Number: \_\_\_\_\_

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_ Physical Address  
Street  
 \_\_\_\_\_ Mailing Address  
City, State, Zip Code

Address Start Date: \_\_\_\_\_ Occupancy      Own    Rent    Live with relatives  
 Other \_\_\_\_\_

Type: \_\_\_\_\_

Do you have an ASI Visa?      Yes      No

Statement Mailing Method:      Paper      Electronic

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teller # and Initials: \_\_\_\_\_

**For Office Use Only**

Change of address completed:

____ Proof Attached (new accounts)	____ Add an Alert
____ Remove Red Flag/Address Alerts	____ Standard Method under Mbrship Details Tab
____ on Credit Card in Evolve	____ by (Employee Initials) _____ Date _____