

DeTour Drummond Community Credit Union

ADDRESS CHANGE REQUEST

DATE 8/8/2017 7:56

NEW ADDRESS:

Name	
Street	
P.O. Box	
City, State	
Zip Code	
Phone #	
Email	

TIME FRAME AND MEMBERS AFFECTED:		BEGIN DATE	END DATE	ACCOUNT NUMBERS TO BE CHANGED:	
<input type="checkbox"/>	PERMANENT				
<input type="checkbox"/>	TEMPORARY				
<input type="checkbox"/>	INDIVIDUAL	FAMILY MEMBERS:			
<input type="checkbox"/>	FAMILY				
(IF FAMILY-LIST OTHER FAMILY NAMES TO THE RIGHT)					

Card numbers/comments:

Verify address has been updated also in:

Clientlink (credit card)

Ascensus (IRA)

Co-op (debit/ATM)

X		DDCCU EMPLOYEE INITIALS:	
		METHOD OF REQUEST:	<input type="checkbox"/> IN PERSON
			<input type="checkbox"/> VIA MAIL
			<input type="checkbox"/> VIA EMAIL
			<input type="checkbox"/> PHONE
MEMBER SIGNATURE		DATE _____	
Method of identity verification: ___ID ___caller ID ___personally known ___sec word			
PLEASE HAVE MEMBER SIGN THE FORM OR YOU MAY PRINT THEIR NAME ON THE SIGNATURE LINE IF YOU SPOKE TO THEM VIA PHON			