

CHANGE OF ADDRESS

Primary Member Name: _____

Membership Number(s): _____

(Please include ALL memberships that you are listed as Primary account holder or Joint account holder)

Choose one of the following

Change address for **Primary** member *only*: _____ Change address for **Primary and all joints**: _____

Change address *only* for (list all names affected): _____

Physical Address (must include): _____

Street

City

State

Zip code

Mailing Address

(Put SAME if same as above): _____

Street

City

State

Zip code

E-Mail Address: _____

Home Phone Number: _____ **Cell Phone Number** _____

I understand that by signing below I am authorizing Holy Rosary Credit Union to change the information contained on this form for all signers on this account(s) unless otherwise indicated above.

Member Signature: _____

FOR CREDIT UNION USE ONLY

Received Request By (circle one): MAIL FAX IN PERSON

File Maintenance Completed By (please initial):

Verified Member and Signature: _____

Type of ID Used: _____

Member Profile Complete: _____

Liberty System Updated: _____

_____, # _____, # _____

VISA _____

Updated by: _____

IRA/HSA _____

Updated by: _____

Taken By: _____ **Date:** _____