



REQUEST TO CHANGE MEMBER CONTACT INFORMATION

Reason for change: New Home Address New Mailing Address New Telephone # New Email Address
 New Password

CURRENT MEMBER CONTACT INFORMATION

Name: _____
Last First Middle

Account Numbers to Which New Changes Should Apply:

Home Address: _____
**P.O. Box or Office Address cannot be used as Home Address*

City State Zip Country

Mailing Address: Same as Home _____

City State Zip Country

NEW MEMBER CONTACT INFORMATION

PLEASE SEND MY STATEMENTS TO MY: HOME ADDRESS MAILING ADDRESS E-MAIL ADDRESS

New Home Address: _____
**P.O. Box or Office Address cannot be used as Home Address*

City State Zip Country

Home Telephone #: _____ Work Telephone # _____ Cell Phone# _____

Email Address: _____

Security Password for verification of account purposes: _____ Hint: _____

Please check box if you have a MasterCard and check the correct box below for the mailing of your MasterCard statements

Home Address Mailing Address

****PLEASE PROVIDE A COPY OF A GOVERNMENT ISSUED ID SO THAT WE MAY UPDATE OUR RECORDS.**

Signature: _____ Date: _____

**Changes will NOT be made without signature of member; all fields are required in order to process this request.*

Signature of Staff making change _____

Date change is processed _____