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### ADDRESS CHANGE FORM

Account Number: \_\_\_\_\_ Date of Request: \_\_\_\_\_

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Name (First and Last): \_\_\_\_\_

#### **New Address**

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Is this a permanent or seasonal address change?  Permanent  Seasonal

If seasonal, will it remain the same year-to-year?  Yes  No

Please provide a date range for seasonal address change: From \_\_\_\_\_ to \_\_\_\_\_

#### **Phone and Email**

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### **Agreement**

As an owner of this account, I authorize Ideal Credit Union to make the changes noted above and certify, under penalty and perjury, that all information is true and correct.

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

#### **For credit union use only**

DNA  MTG  HAS

FXIM  VISA  Liberty

Date: \_\_\_\_\_ Op \_\_\_\_\_  Onbase