



Member Change of Address

Business Change of Address

Member Information

Business Information

Member Name _____

Business Name _____

Member Number _____

Business Member Number _____

Social Security Number *** — ** — _____

SSN/EIN _____

Additional Member No(s) _____

Authorized Signer Name _____

You must be a joint owner to authorize updates.

Signer's SSN *** — ** — _____

For any changes, fill in prior Information and New Information. Please verify all information.

Prior Physical Address (No PO Boxes)

New Physical Address (No PO Boxes)

Address _____

Address _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

Prior Mailing Address

New Mailing Address

Same as Above Prior Mailing Address

Same as New Prior Mailing Address

Address _____

Address _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

Prior Phone Number

New Phone Number

Home _____

Home _____

Work _____

Work _____

Cell _____

Cell _____

Prior Email Address

New Email Address

Email _____

Email _____

I verify that the information above has been provided by me and is correct as of the below date:

Member Signature _____ Date _____

Employee Signature _____ Operator ID _____

Internal Use Only

Date Completed _____ Episys Mail Code Changed: Yes No

Email copy to Business Services, if business.

Email copy to Mortgage Services, if member has a mortgage.