

GHS Federal Credit Union

Address Change Authorization

NOTE: Please complete a separate form for each account holder.

PRIMARY OWNER NAME : _____

JOINT OWNER NAME (If applicable): _____

Account Number(s) _____

Residential Address

Mailing Address (street or P O Box)

Home # _____ Work # _____ Cell # _____

E-mail: _____

Please check if you have: Visa _____ (Visa #) _____ IRA _____

Member Signature _____ Date _____

Member Present (Check One): Yes No

Form of ID / Number: _____ Accepted By: _____

Request by(Circle One): Mail Fax _____
Initial Date

Attach Copy of Signature Card _____
Initial Date

Confirm Information and Route to Supervisor

Office Use Only

Changes

Operator Name

Date

Address & phone #s _____

Mail code _____

00 Message set/deleted _____

Visa Account – address _____

Benefits Plus Checking (IS Dept) _____

IRA Direct (forward to Special Services) _____

Has mail been returned to CU? Y N