



Member FDIC

P.O. Box 2303 Waco, Texas 76703 (254) 753-1521 Fax (254)853-4495

Change of Address Form

(Please Print)

Name _____

Old Mailing Address _____ Apt./Unit # _____

City _____ State _____ Zip _____

~~~~Change Address To~~~~

New Mailing Address \_\_\_\_\_ Apt./Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your mail can be sent to a PO Box address, but Federal regulations require that we have a physical address on each member. If the address above is a PO Box, this section must be completed.

Physical Address \_\_\_\_\_ Apt./Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Work Phone \_\_\_\_\_ for \_\_\_\_\_ / \_\_\_\_\_ for \_\_\_\_\_

Cell Phone \_\_\_\_\_ for \_\_\_\_\_ / \_\_\_\_\_ for \_\_\_\_\_

E-Mail Address \_\_\_\_\_ for \_\_\_\_\_

E-Mail Address \_\_\_\_\_ for \_\_\_\_\_

Account Number \_\_\_\_\_

(Write "All" if address change affects every account.)

Change Primary Only  Change Secondary Only  Change Primary and Secondary

Federal Tax Id/Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Bank Use Only

MSA \_\_\_\_\_ Location \_\_\_\_\_ County \_\_\_\_\_ GEO \_\_\_\_\_ CK Order \_\_\_\_\_

Method of verification:

- Letter to the customer's former address.
 Called customer with positive ID of customer and address change was verified.
 Customer requested change in person.
 Otherwise assessed the validity.

Request Accepted By \_\_\_\_\_ Date \_\_\_\_\_

Request Programmed By \_\_\_\_\_ Date \_\_\_\_\_