

RLSCCU ADDRESS CHANGE REQUEST

ACCOUNT _____ DATE _____

MEMBER NAME _____

MOTHER'S MAIDEN NAME _____

OLD ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

NEW ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL _____

PLEASE CHECK IF YOU HAVE THE FOLLOWING: _____ IRA

____ VISA DEBIT CARD

____ VISA CREDIT CARD

MEMBER SIGNATURE _____

ACCEPTABLE FORMS FOR ADDRESS VERIFICATION (**ONE REQUIRED WHEN FORM IS SUBMITTED**)

- CURRENT DRIVERS LICENSE/ OR STATE ISSUED ID (**CAN NOT USE TEMPORARY LICENSE**)
- CURRENT VEHICLE INSURANCE
- CURRENT UTILITY BILL (**GAS, ELECTRIC OR WATER SERVICE ONLY**)**NO SHUT OFF NOTICES**
- CURRENT RENTAL AGREEMENT/MORTGAGE STATEMENT
- CURRENT PAYCHECK STUB
- CURRENT PROPERTY TAX BILL
- CURRENT BROKERAGE/INVESTMENT STATEMENT
- CURRENT FINANCIAL INSTITUTION ACCOUNT STATEMENT
- MILITARY ORDERS INDICATING RESIDENCY

CREDIT UNION USE ONLY

The undersigned agrees that he/she has viewed the original documents used to verify the identity of the applicant(s) listed above.

MEMBER SERVICE REP _____

CHANGED BY _____

ASCENSUS: _____ If member has IRA, address will need to be updated.