

Address Change Form

Current Account Information

Name:	Member #:
Address:	Home Phone:
City/State/Zip:	Work Phone:
SSN/TIN:	Cell Phone:
Date of Birth:	Email:

New Information (Physical Address Required)

Address:	Home Phone:
City/State/Zip:	Work Phone:
Email:	Cell Phone:

Mailing Address (If Different)

Address:	City/State/Zip:
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I authorize Arlington Community Federal Credit Union to make and accept the changes, outlined on this form, to my account.

Member's Signature

Date

Credit Union Use

In Person Identity Verification

ID Type:	ID #:
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Phone Identity Verification

Codename Verified: <input style="width: 50px; height: 20px;" type="text"/> (Initials)	Passed 2 Security Questions: <input style="width: 50px; height: 20px;" type="text"/> (Initials)
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Mail/Fax Identity Verification

Signature Verified: <input style="width: 50px; height: 20px;" type="text"/> (Initials)	Document Used:
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Employee Checklist

Symitar Updated: <input style="width: 50px; height: 20px;" type="text"/> (Initials)	All Debit/Credit Cards Updated: <input style="width: 50px; height: 20px;" type="text"/> (Initials)
IRA Direct Updated: <input style="width: 50px; height: 20px;" type="text"/> (Initials)	Comment on Account: <input style="width: 50px; height: 20px;" type="text"/> (Initials)
Employee Signature:	Teller Number:
Date Received:	<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail/Fax