

Alive Credit Union
Address Change Notice
Fax # 904-296-2559

Date: _____

Old Address

Street: _____
Apt #: _____
City: _____
State: _____ Zip: _____

New Contact Information

Home Phone: _____
Work Phone: _____ Ext _____
Cell Phone: _____
Email: _____

Member Name: _____

Change Joint Owner address? Y N Circle one

Account #(s): _____

Joint Acct #(s): _____

Loan Co-Maker Acct # (s): _____

New Address

Street: _____
Apt #: _____
City: _____
State: _____ Zip: _____

New PO Box Mailing Address

Physical Address must be noted above

PO Box: _____
City: _____
State: _____ Zip: _____

Signature: _____

For Credit Union Use Only

Received By: _____ HSA: _____ IRA: _____ Bill Payer (flag 81): _____
Signature Verified By: _____ Address Changed in Bill Payer by: _____
Changed By: _____ Return Mail/Statements Mailed by: _____
Member Level Flag 21 removed by: _____ Address/Information Change Verified By: _____
Memo(s) Removed by: _____

- New Address from Post Office. Sent Letter. Wait 4 Response.
- Return Stmt (or Mail) from Post Office. Ask Correct Address.
- Other: _____

Final Verification and Filed by: _____

******List of Open Debit Cards******

Example: 4820 0114 7XXX XXXX _____

Verified by Debit Card Services: _____

****Please attach a copy of updated drivers license or proof of residence ****