



Change of Address Authorization

Account Number(s): _____

Member Name: _____

New Address: Physical address required: NO PO BOX

City: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____ Cell Phone: _____

Other Address: (Includes PO BOX) _____

City: _____ State: _____ Zip: _____

Mail statement to Physical Address: _____ OR Other Address: _____

Primary Email Address: _____

Authorization Signature: _____ Date: _____

Verified and Accepted By: _____ Date: _____

Branch: _____ Verification Method: _____

INTERNAL USE ONLY

Changed on Computer by: _____ Date: _____

Changed on Mastercard by: _____ Date: _____

Changed on ATM System by: _____ Date: _____

Changed on IRA Account by: _____ Date: _____

Changed on Clark American by: _____ Date: _____

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