

SOCU

Change of Address

ATTENTION MEMBER: It is your responsibility to keep SOCU informed of your current address and other means of contact. Failure to do so may result in the suspension or limitation of current and/or future services with SOCU until contact can be made and/or means of contact can be verified.

Date: _____ Account(s): _____

Last 6 digits of SS#: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email(s): _____

Check this box if you are giving permission for SOCU to call, text, or email at the phone numbers and/or email addresses provided above. SOCU may contact you to advise of account status, account activity, suspected fraud, product or service offerings, or regarding delinquency/collections. I understand I can change this election at any time.

Check this box if you would like to also change the address for any minor children in your household to this address.

Names/accounts of minor children: _____

Member Signature: _____

For office use only:

Visa: _____ Debit: _____ ATM: _____ IRA: _____

Co-maker on Account(s) #: _____

Joint Owner on Account(s) #: _____

Received By: _____ Changed By: _____ Checked By: _____ Scanned By: _____

Checklist:

- | | |
|--|---|
| <input type="checkbox"/> Message on Account | <input type="checkbox"/> SRC changed in Account Master (all suffixes) |
| <input type="checkbox"/> Address Change in Name Master | <input type="checkbox"/> Copy Sent to Plastics Department |
| <input type="checkbox"/> Contact permission added to M28 | |