

Change of Address

Support Services

Your address will be updated across all accounts you are associated with. Statements are mailed to the address belonging to the primary owner of each account. Name changes require a new signature card. Other individuals associated with your account will need to update their addresses separately. Changes to Contact Information may be subject to verification.

Member Name: _____ Date of Birth: _____

List All Accounts: _____

List All Accounts: _____

Last 4 of SSN: _____ Government Issued ID Number: _____

Issuing State: _____ Issue Date: _____ Expiration Date: _____

Federal Regulations require a physical address on file for all accounts. If your mailing or seasonal address is a PO Box, enter your Residence Address. The physical address will be kept on file only.

Primary Mailing Address:

City: _____ State: _____ Zip: _____

Seasonal Mailing Address:

Start Date: _____ Stop Date: _____

City: _____ State: _____ Zip: _____

Residence Address:

City: _____ State: _____ Zip: _____

Phone (choose one preferred phone number)

Home: _____ Preferred

Cell: _____ Preferred

Work: _____ Preferred

Email (choose one preferred email address)

Home: _____ Preferred

Work: _____ Preferred

Alternate: _____ Preferred

Your information will be changed on all services in which you are the primary owner, including Mastercard®, Mortgages, IRA Direct, or Cedar Point Financial Services.

Signature _____

Date _____

For Credit Union Use Only

Employee who accepted this form

Date this form was accepted

___ Identified In Person

Member uses these services: ___ IRA Direct ___ Mastercard ___ Mortgage ___ CPFS Investment