

**Dakota West Credit Union ADDRESS CHANGE REQUEST FORM**

**\*\*\*All fields must be completed\*\*\***

MEMBER NO (S) \_\_\_\_\_

NAME (S) \_\_\_\_\_

PASSWORD: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ PHONE# ( ) \_\_\_\_\_ - \_\_\_\_\_

**OLD ADDRESS:**      *Must match what we already have.*

**RESIDENTIAL:**

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**MAILING:**

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**NEW ADDRESS:**    If giving a P.O. Box, **we must have a physical address!** Requirements of the Patriot Act.

**RESIDENTIAL:**

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**MAILING:**

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**You must sign the form authorizing the address change.**

CUSTOMER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OFFICE USE ONLY

( ) In Person

REQUESTED BY \_\_\_\_\_ ( ) Per Phone Call      DATE \_\_\_\_\_

CHANGED & VERIFIED BY \_\_\_\_\_      DATE \_\_\_\_\_

(DWCU Staff initials)

**Did you verify the signature against the signature card?**      ( ) Yes      ( ) No

**Did you remove the scrolling message in member details?**      ( ) Yes      ( ) No