



# Change of Information Form

**NOTE:**

- Point West will not accept any address change requests within 90 days of opening a membership.
- Point West will conduct a call back to the primary number on file to complete the address change process. Please make sure your phone numbers are up to date.

Name: \_\_\_\_\_

Account Number(s): \_\_\_\_\_

**Previous Address**

Physical: \_\_\_\_\_

Mailing: \_\_\_\_\_

**New Address**

Physical: \_\_\_\_\_

Mailing: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CREDIT UNION USE ONLY**

<i>Mark how the form was received</i>				<i>Mark where the address has been changed</i>	
<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Email	<input type="checkbox"/> In Person	<input type="checkbox"/> CUnify	<input type="checkbox"/> ClientLink
<input type="checkbox"/> Verified Correct ID and/or Signature		<input type="checkbox"/> DocuSign w/ Knowledge Based Authentication			
Member Verification: _____		ID #: _____		Expiration: _____	
Teller # and Initials: _____					

Name of Member Confirming Request: \_\_\_\_\_ Phone Number Called: \_\_\_\_\_

Source of Number: \_\_\_\_\_ Date and Time of Call: \_\_\_\_\_

ID Questions Asked: \_\_\_\_\_

Received By: \_\_\_\_\_ Reviewed By: \_\_\_\_\_