Address Change Form

Account #: _____

Name: _____

New Address: _____

City: _____ State: _____ Zip: _____

Phone #: (____) _____ Cell #: (____) _____

Email Address: _____

Check all that pertain:

☐ Debit Card   ☐ Checks

☐ Visa Credit Card   ☐ IRA

Please sign below, without your signature we will be unable to make the changes.

Signature: _____   **Date:** _____

Office Use Only:

☐ PHOTO ID – Ensure ID is correct and up to date

☐ CHECKS – Update on CPS Website and change on Checks and Shipping*
   *Shipping address may be different if Member wants checks shipped to our office or second address location

☐ VISA CARD - Contact VISA Coordinator to update contact information

☐ IRA – Contact IRA Coordinator to update contact information

☐ DEBIT CARD - Automatically Updates when FLEX is updated

☐ Bad Address Change

☐ Standard Address Change

MSR Initials: _____   *Date:* _____