

COPOCO Community Credit Union Change of Address Request Form

You may change your address through your Online Account Access at COPOCO@home **OR** complete this form and return it to our office in person or by US Mail: COPOCO Community Credit Union PO Box 1520 Bay City MI 48706

Write **ALL** Account Numbers*: _____ Date: _____

Prefix _____ First Name: _____ Middle Initial: _____ Last Name: _____ Suffix _____

NEW MAILING ADDRESS

PO Box** OR Number/ Street Address: _____

City _____ State/Province _____ Zip _____ County: _____ Country: _____

Phone Number(s)

Cell: _____ Work: _____ EXT: _____ Home: _____

Email Address: _____ Rent/Own _____

****Mailing Address:** I would like all COPOCO CCU mail delivered to the New Mailing Address listed above, if PO Box, you must complete Physical Address Requirement.

Physical Address: Required by COPOCO CCU when PO Box is preferred mailing address

Physical Address: Street _____ City _____ State/Province _____ Zip _____

County _____ Country Code _____

TEMPORARY MAILING ADDRESS: Start Date ___/___/___ End Date ___/___/___ I prefer my mail to be sent to this address for specific period of time. I understand mail will resume to my Mailing Address on file with the CU beginning the day after the End Date noted above.

Do you currently receive your COPOCO CCU account statement by: E Statement _____ US Mail _____

If Business Account, provide Business Name: _____

Business Account type:

Please circle one Association/Organization Corporation DBA LLC Partnership Sole Proprietor

Are you a Co-maker/Co-borrower on COPOCO Loan? Yes/No Please provide the Member Account # _____

Please also change the following account services affiliated with this address change request.

ATM / Debit Card(s)

_____ last four digits of card / Member Account # _____

_____ last four digits of card / Member Account # _____

VISA Credit Card(s) Platinum | HELOC | Business

_____ last four digits of card / Member Account # _____

VISA Credit Card(s) Platinum | HELOC | Business

_____ last four digits of card / Member Account # _____

IRA / ESA Yes or No / Member Account # _____

IRA / ESA Yes or No / Member Account # _____

Is this a Specially Titled Account?

Indicate Title & Member Number

- Conservator _____
- Estate _____
- In C/O _____
- Guardian _____
- Rep. Payee _____
- Trust _____
- VA Fiduciary _____
- Other _____

***I understand this change of address request will update all my COPOCO account numbers listed above.**

Authorized Member Signature _____ Date _____

For office use only: Initials/# ___/___/___ Date Changed: ___/___/___ Ticket # _____

Reviewer Initials / # ___/___/___ Date Reviewed: ___/___/___