

Member Authorized Change of Address

Member Change of Address

Member Information

Member Name _____

Member Number _____

Social Security Number *** — ** — _____

Additional Member No(s) _____

You must be a joint owner to authorize updates.

Business Change of Address

Business Information

Business Name _____

Business Member Number _____

SSN/EIN _____

Authorized Signer Name _____

Signer's SSN *** — ** — _____

For any changes, fill in Prior Information and New Information. Please verify all information.

Prior Physical Address (No PO Boxes)

Address _____

City _____

State _____ Zip _____

New Physical Address (No PO Boxes)

Address _____

City _____

State _____ Zip _____

Prior Mailing Address

Same as Above Prior Physical Address

Address _____

City _____

State _____ Zip _____

New Mailing Address

Same as Above New Mailing Address

Address _____

City _____

State _____ Zip _____

Prior Phone Number

Home _____

Work _____

Cell _____

New Phone Number

Home _____

Work _____

Cell _____

Prior Email Address

Email _____

New Email Address

Email _____

I verify that the information above has been provided by me and is correct as of the below date:

Member Signature _____ Date _____

Employee Signature _____ Operator ID _____

Internal Use Only

[USPS](#) Verification Attached

Date Entered _____

FSP Mail Code Changed: Yes No

Call to Updated Elan Card -OR-

No Elan Credit Cards Exist

Updated Harland Clarke

Email copy to Business Services, if business.

Email copy to Mortgage Servicing, if member has a mortgage.