

Member Change of Address Form



NAME

FIRST M.I. LAST

JOINT NAME

FIRST M.I. LAST

SOCIAL SECURITY (LAST 4 DIGITS ONLY) _____ **E-MAIL ADDRESS** _____

OLD ADDRESS

STREET CITY STATE ZIP

NEW ADDRESS

STREET CITY STATE ZIP

HOME PHONE**CELL PHONE****WORK PHONE**

PLEASE SELECT YOUR PREFERRED METHOD OF CONTACT**CALL HOME****CALL CELL****CALL WORK****TEXT CELL****EMAIL**

ALL ACCOUNT NUMBERS AFFECTED BY THIS CHANGE

ACCOUNT # _____ ACCOUNT # _____ ACCOUNT # _____ ACCOUNT # _____

WOULD YOU LIKE TO REORDER CHECKS WITH YOUR NEW ADDRESS?**YES****NO**

additional fee will apply

SIGNATURE

DATE

JOINT SIGNATURE

DATE

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In order to protect your account, we require written authorization from you to change the address associated with your account. Due to recent changes in laws regulating financial institutions, in some instances we may also require proof of your new address in the form of a utility bill. This change will affect all accounts associated with you Social Security Number.

Message and data rates may apply. Enrollment not required to be a member or apply for services. Messages are sent by auto dialer to this mobile #. Promotional texts may be sent as frequently as weekly. Cancel Text Messaging at any time-just text "STOP" to 74994. After you text "STOP" to us, we will send you a message confirming you are unsubscribed. After this, you will no longer receive text messages from us.