



**ADDRESS CHANGE** - In order for your address change to be reflected in our permanent records, we require that you make the request in writing. We ask that you complete all sections below and return it to the credit union with your signature at your earliest convenience. You may also include any other account numbers that are affected by this change of address if you are the primary or joint owner on the account. Please understand that we cannot accept a P.O. Box unless an explanation is attached which includes your street address for our records.

**NAME CHANGE:** We require supporting documentation to change the name listed on your account. Acceptable forms of documentation are your marriage license, driver's license with your new name listed, social security card with your new name listed or a court certification (embossed).

Please return this completed form with your signature to the credit union or fax it to 610.372.8105. If you have any questions or need assistance when completing this form, please contact the credit union at 610.372.8010 or 800.563.9383.

**Section 1 - Information to be Amended**

Please Check All That Apply: <input type="checkbox"/> Name <input type="checkbox"/> Mailing Address <input type="checkbox"/> Phone Number(s) <input type="checkbox"/> E-mail Address <input type="checkbox"/> Joint Owner Address Change	Effective Date for Changes
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**Section 2 - Current Information (Complete All Fields)**

Name		Discovery Account Number(s)	
Street Address	City	State	Zip
E-mail Address	Daytime Phone No.	Evening Phone No.	Cellular Phone No.

**Section 3 - New Information (Complete All Applicable Fields)**

Name			
Street Address	City	State	Zip
E-mail Address	Daytime Phone No.	Evening Phone No.	Cellular Phone No.

If you have a joint owner listed on this account, is the joint owner address the same as the information listed above?

Yes    No

**Section 4 - Signature**

I certify that all information given is true and correct. I authorize Discovery FCU to update the account referenced above, as applicable, with the new information provided.

Signature of Account Owner (Please do not print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Joint Owner (Please do not print) \_\_\_\_\_ Date \_\_\_\_\_

**FOR CREDIT UNION USE ONLY**

Signature verified \_\_\_\_\_ Document used to verify: \_\_\_\_\_

Received by:  In-Person    Mail    Fax    Discovery Online (no signature verification required)    DocuSign

MSR \_\_\_\_\_

<b>NAME CHANGE</b> Date changed on system _____ Does the member have a Visa check card? <input type="checkbox"/> Yes - order new plastic <input type="checkbox"/> No Does the member have a Visa credit card? <input type="checkbox"/> Yes - order new plastic <input type="checkbox"/> No Does the member have bill pay? <input type="checkbox"/> Yes - update bill pay <input type="checkbox"/> No Does the member have an IRA? <input type="checkbox"/> Yes - update Ascensus <input type="checkbox"/> No MSR _____	<b>MAILING ADDRESS CHANGE</b> Date changed on system _____ Date system alert added _____ Does the member have a Visa credit card? <input type="checkbox"/> Yes - notify card services <input type="checkbox"/> No Does the member have bill pay? <input type="checkbox"/> Yes - update bill pay <input type="checkbox"/> No Does the member have an IRA? <input type="checkbox"/> Yes - update Ascensus <input type="checkbox"/> No Did you clear the mail person address link? <input type="checkbox"/> Yes Is there a Joint Owner on the account? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Different Address - Mail Letter to JO MSR _____	<b>PHONE NUMBER CHANGE</b> Date changed on system _____ Does the member have a Visa credit card? <input type="checkbox"/> Yes - notify card services <input type="checkbox"/> No Does the member have bill pay? <input type="checkbox"/> Yes - update bill pay <input type="checkbox"/> No MSR _____	<b>E-MAIL ADDRESS CHANGE</b> Date changed on system _____ Date changed on Lasertec _____ Does the member have bill pay? <input type="checkbox"/> Yes - update bill pay <input type="checkbox"/> No MSR _____
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