

**Oakland County Credit Union
Address Change Form**

SECTION I (Completed by Member)

Account Number(s) _____ Date _____

Name(s) on Account _____

New Address _____

Phone Number(s) Home _____ Cell _____

Work _____ Other _____

E-Mail Address _____

Please place a check mark next to the Credit Union services you have:

Credit Card ___ ATM or MasterMoney Debit ___ Bill Payment ___ Home Equity Loan ___

Member Signature _____

Credit Union Will Complete Sections Below:

SECTION II (Completed by Credit Union employee who processed the address change)

Address change completed by _____ Date _____

Branch /Department _____

Old Address (as specified by consumer reporting agency discrepancy or in institution's records):

Street _____ City _____ Zip _____

Card Accounts of the Member:

Account # _____ Card Type _____

Account # _____ Card Type _____

SECTION III (Completed by Credit Union employee who confirmed the address change)

Address change confirmed by : _____ Date _____

Method Used to Confirm the Validity of the Consumer's Change of Address:

- Confirmed by signature card/scanned ID comparison
- Telephone confirmation. Date of phone conversation: _____ With whom _____
- Verified through Third-Party or other reasonable means described in Identity Theft Program
- Other Describe: _____
- Confirmed in writing at the member's former address

Proposed Address Change is: Valid Invalid (Refer to Internal Compliance Committee)

This Determination is based Upon (provide brief narrative description): _____

*Address discrepancies provided by a Consumer Reporting Agency shall be reviewed by the Credit Union collection staff. If an accurate address is confirmed, the address data will be reported back to the Consumer Reporting Agency.