



Address Change Request

Thank you for keeping us up-to-date with your current address information. Upon completion, please fax this form to (503) 513-8770, mail to 6400 SE Lake Rd., Ste. 125, Milwaukie OR 97222 or email to membercare@providencecu.org.

(Items marked with an asterisk are required.)

*Effective Date: _____
 *Member Name: _____
 *Home/Cell Phone: _____
 Work Phone: _____
 Email Address: _____

Joint owner moved to this address? Yes No
 Joint Owner Name: _____
 Home/Cell Phone: _____
 Work Phone: _____
 Email Address: _____

***Old Address:**

Address Line 1

Address Line 2

City State Zip

***New Physical Address:**

Address Line 1

Address Line 2

City State Zip

Additional Members:

Please apply the address change to the following members:

1. _____

2. _____

3. _____

4. _____

5. _____

***New Mailing Address:**

Check here if mailing address is same as physical address above.

Address Line 1

Address Line 2

City State Zip

*Member Signature: _____ *Date: _____

For Credit Union Use Only	
Received By: _____	Date: _____
<input type="checkbox"/> Request in person: Type of ID _____ ID# _____ Request via mail: <input type="checkbox"/> Signature verified Request visa fax/email: <input type="checkbox"/> Signature verified Contacted member Type of Identification: <input type="checkbox"/> Code Word <input type="checkbox"/> SSN <input type="checkbox"/> DOB <input type="checkbox"/> MMN <input type="checkbox"/> Loans <input type="checkbox"/> Other _____	<input type="checkbox"/> Remove bad address flag <input type="checkbox"/> Update mail code <input type="checkbox"/> Remove comments Scan and MVI completed form