

DuPont Community Credit Union

Change of Address Authorization Form

Member Name _____
Account Number(s) _____
Daytime Phone Number _____

Old Address/Phone:

New Address/Phone:

Alternate Address/Phone: Effective Start Date: _____ Effective End Date: _____

I authorize DuPont Community Credit Union to update my address on the account number(s) listed above, to become effective on _____. I understand that if this form is not signed in the presence of a DCCU employee, the notary section must be completed by a registered notary witnessing member(s) signature before that address change will become effective.

Member Signature _____ Date _____
Member Signature _____ Date _____

Notary:

City/County of _____ State of _____
This foregoing instrument was acknowledged me this _____ day of _____,
_____. By _____
(Name of person seeking acknowledgement)

(Notary Public)

My commission expires: _____ Notary Seal:

<p>Office Use Only: Signature Verified _____ Member Profile Updated _____ Authorization Form Sent for Scan _____ Teller #: _____ Date: _____</p>
