



REQUEST FOR ADDRESS CHANGE

Please update my Visa

Member Name (Print) _____

Last 4 of Social Security _____

Member Number _____

Physical Address _____

Home Phone _____

City _____ State _____ Zip _____

Work Phone _____

eMail Address _____

Cell Phone _____

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Relationship Pricing

If you would like other members of your household linked through Relationship Pricing, please list their account numbers below. *Please Note: All accounts must have the same physical address for householding.* Address changes may affect member benefits through Relationship Pricing.

_____	_____	_____
_____	_____	_____

Member Signature _____

Date _____

Staff Signature _____

Date _____