



## Data Change Form

Member Name: \_\_\_\_\_

Member Account #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Check card: Y or N    ATM card: Y or N    Advantage Financial credit card: Y or N

Old Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone #:    \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Business Phone #:    \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Other Phone #:    \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email Address: \_\_\_\_\_

Would you like checks with new address ordered? Y or N

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date