



## Customer Address Change Authorization Form

Customer Name:			
Physical Address:			
P.O. Box (If applicable):			
City/State/Zip:			
Home Phone:			
Work Phone:			
Cell Phone:			
<b>Change to:</b>	<b>Primary</b>	<b>Alternate</b>	<b>Add Alternate</b>
Alternate Address			
City/State/Zip:			
Other Names to Change (spouse, children, etc.):			
Does this change apply to all accounts listed under the name(s):	<input type="checkbox"/> <b>Yes</b>	If no, please list the specific loans/account(s) affected:	
	<input type="checkbox"/> <b>No</b>		
OLD Address:			
City/State/Zip:			
Method Received	<b>In Person</b>	<b>Phone</b>	<b>Other</b> _____

**X**

Customer's Signature

Date

For Office Use Only:			Employee
	<input type="checkbox"/>	Signed notice received	
	<input type="checkbox"/>	Signature verified or ID used to verify identity (circle)	
	<input type="checkbox"/>	E-funds Address Analysis	
	<input type="checkbox"/>	Notice sent old address	
	<input type="checkbox"/>	Change made Vision	
	<input type="checkbox"/>	Change made Shazam	
	<input type="checkbox"/>	Change/Add Alternate Address	