

CHANGE OF ADDRESS REQUEST

PLEASE PRINT.

TO BE COMPLETED BY MEMBER:

NAME: _____

ACCOUNT NUMBER: _____

JOINT OWNERS AFFECTED BY THIS CHANGE:

PREVIOUS ADDRESS:

STREET

CITY / ST ZIP

NEW ADDRESS:

STREET

CITY / ST ZIP

PHONE NUMBER: _____

SIGNATURE _____ DATE _____



- Primary Address Change
 Add Alternate Address/Address Change

Email Address: _____

TO BE COMPLETED BY GCS EMPLOYEE RECEIVED:

- Fax/Mail
 In Person

ACCEPTED BY: _____

DATE: _____

SIGNATURE VERIFIED BY: (in person request)

ID _____

SIGNATURE ON FILE (fax or mail request)

For Office Use Only

- Address changed on Harland Clarke

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