

Belco Community Credit Union
Address Change/Verification Form

Name(s) and Social Security Number(s) of the Account Owner(s) Address that is to be changed:

New Street Address (place of residence):

Mailing Address (If different from Street Address):

Accounts and Previous Addresses:

- Any party who signs this document authorizes the credit union to accept a facsimile copy of this document, and agrees that the signature thereon shall have legal force and effect as that party's original signature.
- **Notice: ID and Signature Verification are required** --Whether this 'Address Change or Verification' form is being delivered to the credit union in person, US Mail, e-Mail, or by Fax, a copy of a valid 'signed' photo ID Document must be included with the delivery of this form.

Number and Name (type of document) of ID Document: _____

Signature: _____

Date: _____