OAKLAND COUNTY CREDIT UNION

Form Received by Teller#: _____

Section I (Completed by Member)

Account Number(s) _____ Date _____

Name(s) On Account _____

New Address _____ City/State/ZIP _____

Phone Number(s) Home _____ Work _____

Cell _____ Other _____

E-mail Address _____ Drivers License # _____

Please check off the Credit Union services you currently have:

☐ Credit Card ☐ ATM/Debit Card ☐ E-Statements ☐ Bill Payment ☐ Home Equity Loan ☐ IRA

Member Signature _____

Credit Union will complete the section below.

Section II (Completed by Credit Union employee who confirmed address)

Address change confirmed by: _____ Date _____

Method Used to Confirm the Validity of the Consumer's Change of Address

☐ Confirmed by signature card/scanned ID comparison
☐ Telephone confirmation: Date _____ With whom? _____
☐ Verified through Third-Party or other reasonable means described in Identity Theft Program
☐ Other (describe): _____
☐ Confirmed in writing at the member's former address

Proposed Address Change is: ☐ Valid ☐ Invalid (Refer to Internal Compliance Committee)

This determination is based on the following: _____

_____

*Address discrepancies provided by a Consumer Reporting Agency shall be reviewed by the Credit Union collection staff. If an accurate address is confirmed, the address data will be reported back to the Consumer Reporting Agency.

Staff Note: Please do not submit via DocuSign.

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