

# CHANGE OF ADDRESS / CONTACT INFORMATION FORM



Effective Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

P.O. Box 1217, Springfield MO 65801  
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## Instructions

Please complete only the sections that have changed. *Only one signature is required.* When finished, return this form to any branch location, or mail/fax it to the address listed at the top of this page.

## Member Information

Primary Member	
Name:	Home Phone:
Mobile Phone:	Work Phone:
Employer Name:	Occupation:
Email Address:	Date of Birth:

Joint Owner	
Name:	Home Phone:
Mobile Phone:	Work Phone:
Employer Name:	Occupation:
Email Address:	Date of Birth:

## Address Information

Old Mailing Address:	New Mailing Address: (If P.O. Box, a physical address is required)

Physical Address (check if same as mailing address <input type="checkbox"/> ):

## Additional Accounts Affected

List additional account numbers that will be affected by this update. *You must be an owner on all listed accounts to authorize this update.*


## Authorization

Signature\*: \_\_\_\_\_

Date: \_\_\_\_\_

*\*Only one signature is required*

## Back Office Use Only

Date Received:	Banno - 2 step verification method processed by:
Received Via:	<input type="checkbox"/> Member In Person <input type="checkbox"/> Mail <input type="checkbox"/> Fax
Taken By (Initials/Name):	
Processed By:	