

**CHANGE OF ADDRESS FORM**

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

Names: \_\_\_\_\_  
**Include any account holders in household affected by change of address**

Account Number (s): \_\_\_\_\_

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**Old Address:**

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**New Address (PHYSICAL)**

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Mailing Address (if different than physical)**

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Driver's Lic. No. \_\_\_\_\_ State: \_\_\_\_\_ Exp. date \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_



**Account Holder Signature(s)**

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**FOR OFFICE USE ONLY:**

SHARETEC	DEBIT CARD	Harland Clark (checks)	CREDIT CARD
BILL PAY	RELATED ACCOUNTS		CONSTANT CONTACT

**Received completed form by:**  
 IN OFFICE      MAIL      POUCH      FAX      EMAILED/OLB

License copy in ShareTec:(circle) Yes No      Employee \_\_\_\_\_