



1600 MEDICAL DRIVE • POTTSTOWN • PA • 19464
(610) 326-5490 • (800) 593-1000 • FAX (484) 949-2577

**CHANGE OF NAME / MAILING ADDRESS / E-MAIL ADDRESS
AUTHORIZATION**

NAME/ADDRESS CHANGE

ACCOUNT #: _____ DRIVER'S LICENSE / I.D. #: _____

ASSOCIATED ACCOUNTS: _____

DATE OF REQUEST: _____ EFFECTIVE DATE: _____

MEMBER SIGNATURE: _____

ADDRESS/E-MAIL CHANGE

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: () _____ FAX: () _____

WORK PHONE: () _____ ext. _____

CELL PHONE: () _____ E-MAIL: _____

NAME CHANGE

PREVIOUS NAME: _____

NEW NAME: _____

PROOF REQUIRED:

- DRIVER'S LICENSE
- MARRIAGE LICENSE
- LEGAL DOCUMENTS
- SOCIAL SECURITY CARD

- NEW SIGNATURE CARD
- NEW CARDONE
- NEW MASTERCARD

STAFF USE ONLY

REP TAKING REQUEST: _____ VERIFIED BY: _____

Check applicable accounts, initial upon completion, forward to next department:

- | | | |
|--|--|--|
| <input type="checkbox"/> Main System _____ | <input type="checkbox"/> M/C _____ | <input type="checkbox"/> 1 st Mortg _____ |
| <input type="checkbox"/> Savings Bonds _____ | <input type="checkbox"/> Periodic Pmts _____ | <input type="checkbox"/> Bill Payer _____ |