



Return completed form to:  
P.O. Box 8008  
Lakeland, FL 33802

**ADDRESS CHANGE NOTICE**

To comply with the Fact Act, please complete and sign this form and return via mail or by visiting one of our branches.

Date \_\_\_\_\_ Primary Account Number \_\_\_\_\_

Additional Account Numbers \_\_\_\_\_

Additional Account Numbers \_\_\_\_\_

**Please change my address to:**

Local Mailing Address:

\_\_\_\_\_  
Street/P.O. Box City State Zip

**If P.O. Box, please provide a Physical Address:**

\_\_\_\_\_  
Street City State Zip

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

**If Seasonal Address, please enter date range** \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
Member Signature Member Print Name

DL #: \_\_\_\_\_

Acknowledged by \_\_\_\_\_ before me on the \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Internal Use:

Processed By: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
(Signature/Empl #)

Verified By: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
(Manager Signature/Empl #)