



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 Number _____

Additional Account Number _____

Please change my address to:

Mailing Address:

Street/PO Box City State Zip

Home Phone Cell Phone Work Phone

If PO Box, please provide a Physical Address:

Street City State Zip

If Seasonal Address, please enter date range: _____ to _____

Street/PO Box City State Zip

Member Signature

Member Print Name

DL#: _____

Acknowledged by _____, before me on the _____ day of

_____, 20_____.

State of: _____

County of: _____

Notary Public

Internal Use

Processed by: _____
CUBE Employee #