

CHANGE OF ADDRESS FORM:

MEMBER NAME: _____

MEMBER NUMBER: _____

OLD ADDRESS: _____

NEW ADDRESS: _____

PHONE NUMBER: (_____) _____

DORMANT MEMBER? YES OR NO

MEMBER SIGNATURE

DATE

UARK EMPLOYEE SIGNATURE

*****NOTICE: If you do NOT sign this form in the presence of a credit union
employee, you must have your signature notarized
before UARK will accept the change.*****

No exceptions.

Notary Signature

Date

Seal/Stamp:

Printed Notary Name

My Commission Expires on: