

CHANGE OF ADDRESS FORM

Effective Immediately

Previous Address:

Street Address: _____
Apartment / Unit #: _____
City: _____ State: _____
Zip Code: _____

New Address:

Street Address: _____
Apartment / Unit #: _____
City: _____ State: _____
Zip Code: _____

Account Holder Information:

Full Legal Name: _____
Account Number(s): _____
Contact Phone Number: _____
Email Address: _____

Change Authorization and Acknowledgment:

I hereby authorize the organization to update my address records as indicated above. I affirm that the information provided is true and accurate to the best of my knowledge. I understand that failure to provide accurate information may result in delayed or missed communications. I acknowledge that this change applies only to the accounts and services specified herein. I agree to hold the organization harmless for any loss, damage, or delay resulting from this change of address.

Legal Compliance and Governing Law:

This Change of Address Form is subject to all applicable federal, state, and local laws and regulations of the United States. The information provided herein shall be used solely for the purpose of updating address records as permitted by law. Any disputes arising from this form shall be governed by the laws of the state in which the organization maintains its principal place of business, without regard to conflicts of laws principles. The invalidity or unenforceability of any provision of this form shall not affect the validity or enforceability of any other provision.

Signatures:

Account Holder Signature

Authorized Representative Signature

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

Please submit this completed form to the appropriate department or authorized representative.

Retention of this form is subject to applicable record-keeping requirements.

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