



# CHANGE OF ADDRESS REQUEST

**indicates required field**

Office Use Only	
Employee Initials _____	FM Date: _____
Forwarded to Cards Department	Yes/No
Date Sent: _____	
Comments: _____	

Date: \_\_\_\_\_ \*Member Number: \_\_\_\_\_

\*Member Name: \_\_\_\_\_

\*New Mailing Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

Phone Numbers
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**\*If the mailing address is a P.O. Box, you must enter a physical address**

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have an Icon Visa Debit / Credit Card?      Yes      No

Other member number addresses to be changed:

Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Member Signature: (required) \_\_\_\_\_

**PLEASE FAX TO (208) 343-4587**