



**CHANGE OF ADDRESS**

I have recently moved and I would like to change my address. My details are as follows

Name: \_\_\_\_\_

Acct # (last six digits only) \_\_\_\_\_

**Date of move:** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

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

**City, State, Zip Code:** \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_ **(REQUIRED)**

Best time to contact: \_\_\_\_\_ A.M. or P.M.

In order to comply with Bank Freedom’s identity theft prevention program, I am including the following documents to confirm my change of address:

(Please provide at least two)

- Change of address print out from my local Department of Motor Vehicles ( or new drivers license)
- Copy new utility bill or signed lease agreement
- Copy change of address from employer or social security (or public assistance agency)

Sign below

I, \_\_\_\_\_ here by authorize Bank Freedom to change my card holder profile to reflect my new address (including phone #) as indicated on my submitted verifications. I am aware that someone from Bank Freedom will contact me to reconfirm these changes.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature & Date

**Please Fax documents to 1-866-771-9412**

**or**

**Mail to: Bank Freedom Attn: Compliance 17595 Harvard Suite C #3250 Irvine CA 92612**