



## **CHANGE OF ADDRESS FORM**

Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

Old Address: \_\_\_\_\_

\_\_\_\_\_

### **New Contact Information (please complete all fields or mark n/a)**

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Primary E-Mail Address: \_\_\_\_\_

Alternate E-Mail Address: \_\_\_\_\_

Do you need new checks with the new address printed on them? YES NO

Do you have an OTGF VISA Credit or Debit Card? YES NO

**Mail or fax this form back to the address or fax number below.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

5901A Peachtree Dunwoody Rd., Ste 275, Atlanta, GA 30328  
800.360.6362 or 770.396.9005  
Fax 770.396.0777