

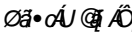
Account Number: _____

CONSENT TO CONTACT-By executing this change of address form, you agree we and/or our third-party debt collectors may contact you by telephone or text message at any telephone number associated with your account, including wireless telephone numbers (i.e. cell phone numbers) which could result in charges to you, in order to service your account, prevent fraud or collect any amounts owed to us, excluding any contacts for advertising and telemarketing purposes as prescribed by law. You further agree methods of contact may include use of pre-recorded or artificial voice messages, and/or use of an automatic dialing device. You may withdraw the consent to be contacted on your wireless telephone number(s) at any time by [written notice to us at [address], by email to [email address], via phone at [phone number] or by] any [other] reasonable means. If you have provided a wireless telephone number(s) on or in connection with this [Agreement], you represent and agree you are the wireless subscriber or customary user with respect to the wireless telephone number(s) provided and have the authority to give this consent. Furthermore, you agree to notify us of any change to the wireless telephone number(s) for which you are providing your consent to be contacted.

Account Owner Information

Account Owner Name: Last _____ First _____ MI _____

Social Security Number: _____ Email Address: _____

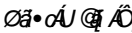
I authorize  Federal Credit Union to make the changes requested on this form.

X _____
Account Owner Signature _____ Date _____

Joint Owner Information (If Applicable)

Joint Owner Name: Last _____ First _____ MI _____

Social Security Number: _____ Email Address: _____

I authorize  Federal Credit Union to make the changes requested on this form.

X _____
Joint Owner Signature _____ Date _____

New Address

Street Address: _____

City: _____ State: _____ Zip Code: _____

Member Home Phone: _____ Cell Phone: _____ Work Phone: _____

Joint Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please Return the Completed Form to:

First Ohio Community FCU 8200 Cleveland Ave NW North Canton, Ohio 44720

For Credit Union Use Only

Accepted by: _____ Date: _____

In Person: _____ Identity Verified by: _____

By Mail: _____ I certify that I have compared the signature card of this member to that of the signature on this form and believe them to be one and the same.

Please forward to the following departments: _____ Credit Card _____ Debit Card _____ Other: _____