

# CHANGE OF INFORMATION

NAME \_\_\_\_\_ MEMBER # \_\_\_\_\_

NEW BAR CODE# \_\_\_\_\_ OLD BAR CODE# \_\_\_\_\_

AUTHORIZED BY \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ ADDRESS CHANGE \_\_\_\_\_ PHONE # CHANGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ REMOVE PERSON \_\_\_\_\_ \$ AMT. CHG. \_\_\_\_\_

\_\_\_\_\_ ADD PERSON—NAME \_\_\_\_\_ \$ AMT. CHG. \_\_\_\_\_

D.O.B \_\_\_\_\_ BARCODE \_\_\_\_\_

\_\_\_\_\_ KEY CARD CHANGE \_\_\_\_\_

\_\_\_\_\_ TERMINATION (IF CONTRACT STILL IN EFFECT SEE MICHELLE)

- 1) MOVED BEYOND 35 MILES
- 2) MEDICAL
- 3) OTHER \_\_\_\_\_

\_\_\_\_\_ BILLING CHANGE \_\_\_\_\_

- 1) BANK NAME \_\_\_\_\_
- 2) ACCOUNT # \_\_\_\_\_ EXP DATE \_\_\_\_\_
- 3) ROUTING # \_\_\_\_\_
- 4) DATE CHANGED \_\_\_\_\_

SIGNATURE \_\_\_\_\_