



CHURCH DEVELOPMENT CORPORATION

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CHANGE OF ADDRESS FORM

INFORMATION ABOUT THE ACCOUNT HOLDER:

Account Holder: _____

Joint Account Holder: _____

Tax ID / Social Security Number (in a joint registration should be the first name): _____

Date of Birth: _____

Email Address: _____

ADDRESS INFORMATION:

Old Address: _____

Old Phone Number (s): _____

New Address: _____

New Phone Number (s): _____

ACCOUNT INFORMATION:

Please list the CDC accounts to update

Certificate(s): _____

Stewardship Account(s): _____

SIGNATURES:

Signature of Account Owner or Joint Owner

PLEASE RETURN FORM TO CHURCH DEVELOPMENT CORPORATION