



MEMBER INFORMATION CHANGE FORM

Member Name _____ Effective date _____

ID Verify _____
Mother's Maiden Name (Mandatory) Last 4 digits of SSN# Other

List ALL Accounts on which member is primary or joint:

_____ _____ _____ _____ _____

List ALL primary and joint account owners this change affects:

_____ _____
 _____ _____
 _____ _____

Home Phone # _____ Verify or Update Work Phone # _____ Verify or Update

Cell Phone # _____ Verify or Update Email address _____ Verify or Update (No Signature Required)

New Mailing Address: PERMANENT CHANGE TEMPORARY CHANGE

Street _____
(If PO Box is listed, complete physical address below)

City _____ State _____ Zip _____

Physical Address IF different from mailing address:

Street _____

City _____ State _____ Zip _____

Name Change Due To:

Marriage/Divorce (Requires Documentation) Update Records to Legal Name (State Issued ID)

Member Signature Date

For Credit Union Use Only:

Address Change completed and Red Flag notice mailed by: _____
(Employee Signature)

IRA Direct Update completed by: _____ (If applicable) Credit/Debit Card(s) Update completed by: _____ (If applicable)

Verified & approved by: _____ (Supervisor Signature)