

CONTACT INFORMATION CHANGE REQUEST

PLEASE TYPE OR PRINT

Member Name: _____
Member Occupation: _____
Joint Owner(s): _____
Joint Occupation: _____
Beneficiary(ies): _____
Account Number(s): _____
Associated Account(s): _____
Member's Signature: _____
Identification Type: _____ Identification No: _____
Issue Date: _____ Expiration Date: _____

NEW HOME ADDRESS

Street Address: _____
City, State, Zip: _____

Would you like your address changed on future check orders? Yes No

NEW PHONE INFO

Are there any phone number updates? Yes No

If Yes, complete section below:

Home Phone #: _____ Work Phone #: _____ Ext: _____

Cell Phone #: _____ Other Phone #: _____

NEW EMAIL INFO

E-mail Address: _____

STATEMENT MAILING ADDRESS (IF DIFFERENT)

Street Address: _____
City, State Zip: _____

CREDIT UNION USE ONLY

Contact Information changed by operator #: _____ Date: _____

Joint Owner(s)/Beneficiary(ies) Address changed: Yes No N/A

Admin Platform Address changed: Yes No N/A

Certificate Dividend Checks Address changed: Yes No N/A

Periodic Transfers/Checks Address changed: Yes No N/A

Remove Flag 23 bad address/ 93 Do not mail Yes No N/A

Is Member Moving Out of CA, AZ or NV? Yes No

If Yes Send Service Request to Card Services to exempt member from Fraud Rules

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