



DATA / ADDRESS CHANGE FORM

Complete the boxes below accurately and completely to change the data / address on your credit union account(s)

Primary Account Numbers being changed:		Effective Date of Change	
Name (Primary Member)		Driver's License #	Social Security #
Name (Joint Account Holder)		Driver's License #	Social Security #
Check the required box and complete the account number information if you utilize the service:			
<input type="checkbox"/> IRA Account			
<input type="checkbox"/> Safe Deposit Box #			
<input type="checkbox"/> Mortgage – Account #			
<input type="checkbox"/> Home Equity Visa Access – Account #			
<input type="checkbox"/> Visa Card – Account #			
<input type="checkbox"/> ATM or Debit Card – Account #			
Name (Old Name)		Name (New Name) *	
New Address			
City		State	Zip
Home Phone#	Work Phone#	Cell Phone#	
Email Address:			
<i>* All name changes require verification: ex: marriage license, court order or updated driver's license.</i>			
Primary Member Signature		Date	
X			
Joint Owner Signature		Date	
X			
Credit Use Only			
Accepted by Teller ID# _____ Form Acceptance Date ____/____/____			
Processing Teller ID # _____ Data Change Completion Date ____/____/____			