



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"/> On-line Bill Payment			
<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	County
Home Phone#	Work Phone#		Cell Phone#
Email Address:			
* All name changes require verification: ex: marriage license, court order or updated driver's license.			
Primary Member Signature		Date	
X			
Joint Owner Signature		Date	
X			
Credit Union Use Only			
<u>Other File Account Maintenance Changes</u>			
<input type="checkbox"/> Email <input type="checkbox"/> Birthdate correction <input type="checkbox"/> SS# correction <input type="checkbox"/> Phone# <input type="checkbox"/> Name correction <input type="checkbox"/> DL# <input type="checkbox"/> Other Account Correction Data Field Changed: _____			
Reason for Change _____			
Documentation Used for Change _____			
Accepted by Teller ID# _____ Form Acceptance Date ____/____/____		Processing Teller ID # _____ Data Change Input Date ____/____/____	