

CHANGE OF ADDRESS OR NAME

Date	Member Number
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Present Name and Address – Primary Owner

Full Name		SSN/TIN#
Address Line 1		
Address Line 2 (City, State, Zip)		
Home Phone No.	Cell Phone No.	Email Address

New Name and Address – Primary Owner (Only complete information that is changing)

Full Name*		SSN/TIN#*
Address Line 1		
Address Line 2 (City, State, Zip)		
Home Phone No.	Cell Phone No.	Email Address

Seasonal start date _____ end date _____

Active Card Agreement Yes (send update to card services) No Active IRA Agreement Yes (send update to IRA Department) No

Verified By: _____ Active Home Equity Yes (send update to VP of Operations) No

*Changing your name and/or SSN (TIN) requires additional documentation. See your Credit Union Representative for details.

Present Name and Address – Joint Owner

Full Name		SSN/TIN#
Address Line 1		
Address Line 2 (City, State, Zip)		
Home Phone No.	Cell Phone No.	Email Address

New Name and Address – Joint Owner (Only complete information that is changing)

Full Name*		SSN/TIN#*
Address Line 1		
Address Line 2 (City, State, Zip)		
Home Phone No.	Cell Phone No.	Email Address

Seasonal start date _____ end date _____

Active Card Agreement Yes (send update to card services) No Active IRA Agreement Yes (send update to IRA Department) No

Verified By: _____ Active Home Equity Yes (send update to VP of Operations) No

*Changing your name and/or SSN (TIN) requires additional documentation. See your Credit Union Representative for details.

Signatures

Primary Owner Signature	Date	Joint Owner Signature	Date
X		X	

Credit Union Use Only

Credit Union Representative Signature	Date	Verified By
X		

Other members to be updated. Please include member number and first and last name.