



NAME/ADDRESS CHANGE REQUEST

Member Name _____ Date _____

Member # _____ Last four digits of SS # _____

If this is a Name Change indicate Old Name _____

If this is an Address Change indicate Old Address _____

Old Address _____

New Address _____ (Street)

_____ (City) _____ (State) _____ (Zip)

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____

Signature: _____

Family Member Account(s) for individuals under 18 only:

Name	Member #
_____	_____
_____	_____
_____	_____

I have the following accounts (check all that apply):

___ Savings ___ Checking ___ ATM/Debit ___ IRA ___ Loan ___ MasterCard

For Credit Union Use:

Change:	Date	MSR Initials
___ FLEX System	_____	_____
___ Signature Card (name change)	_____	_____
___ Draft Acct Card (name change)	_____	_____
___ ATM/Debit Maint	_____	_____
___ IRA File	_____	_____
___ Loan File	_____	_____
___ MasterCard File	_____	_____
___ MasterCard Acct	_____	_____

- Known by me ___

- Compared to
Signature Card or
Loan Documents to
verify Signature ___

- ID present:

___ NYS License

___ State ID #

___ Passport

___ SS Card

___ Other