



I WOULD LIKE TO RECEIVE:

PAPER STATEMENTS

ELECTRONIC STATEMENTS

NAME(S): _____

SOCIAL SECURITY #: _____ PRIMARY MEMBER #: _____

ARE YOU ON OTHER ACCOUNTS? YES NO.....OTHER MEMBER #(S): _____

NEW ADDRESS: _____

PO BOX AND/OR STREET ADDRESS

CITY, STATE

ZIP CODE

****IF YOUR MAILING ADDRESS IS A PO BOX, PLEASE INCLUDE YOUR PHYSICAL ADDRESS ALSO,
BUT SPECIFY TO WHICH ONE MAIL IS TO BE DELIVERED TO. THANK YOU!****

PHONE NUMBERS: (_____) _____ (_____) _____ (_____) _____
HOME CELL WORK

EMAIL ADDRESS: _____

OLD ADDRESS: _____

PO BOX AND/OR STREET ADDRESS

CITY, STATE

ZIP CODE

ARE THERE ANY **JOINT MEMBERS** ON THIS ACCOUNT?..... YES NO

ARE THERE ANY **CO-MAKERS** ON THIS ACCOUNT?..... YES NO

IF YOU ANSWERED **YES**, DOES THIS CHANGE APPLY TO THEM?..... YES NO

IF THIS CHANGE **DOES NOT APPLY TO THE JOINT/CO-MAKER, PLEASE PROVIDE THE FOLOWING INFORMATION:*

NAME: _____

ADDRESS: _____

PO BOX AND/OR STREET ADDRESS

CITY, STATE

ZIP CODE

JOINT/CO-MAKER PHONE NUMBER: (_____) _____

SIGNATURE(S): _____

FOR OFFICE USE ONLY: HOW DID WE RECEIVE THE CHANGE REQUEST: MAIL IN OFFICE REQUEST

{ATM} -OR- {DEBIT} _____

IS THERE AN IRA ON THE ACCOUNT(S)? YES NO

VERIFIED SSN & NAME IN SYSTEM BY _____

_____ DL _____

SIGNATURE & ID VERIFIED BY _____

ISS _____

DATE RECEIVED & CHANGED _____

EXP _____

DOUBLE CHECKED BY _____ DATE _____

MEMBER #