



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 Owner)		Driver's License #	Social Security #
This Change applies to: <input type="checkbox"/> Primary member <input type="checkbox"/> Joint Owner <input type="checkbox"/> Temporary Address			
Check the required box and complete the account number information if you utilize the service:			
<input type="checkbox"/>	Temporary Away Dates From: _____ To: _____ (must notify CU annually)		
<input type="checkbox"/>	IRA Account		
<input type="checkbox"/>	HSA Account		
<input type="checkbox"/>	OUR Rewards		
<input type="checkbox"/>	E-Statements / Online Banking		
<input type="checkbox"/>	Home Equity Visa Access – Account #		
<input type="checkbox"/>	Visa Credit Card – Account #		
Name (Old Name)		Name (New Name) *	
New Address			
City		State	Zip
			County
Primary Member's Home Phone #		Primary Member's Work Phone #	Primary Member's Cell Phone #
Joint Owner's Home Phone#		Joint Owner's Work Phone#	Joint Owner's Cell Phone #
Email Address (Primary Member):		Email Address (Joint Owner)	
<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 Union Use Only			
Accepted by Teller ID# _____ Form Acceptance Date _____			
Processing Teller ID # _____ Data Change Input Date _____			
Improper Address:			
<input type="checkbox"/> Message Removed <input type="checkbox"/> Set to Mail <input type="checkbox"/> User Code (MOADD) Removed			