



OWNER DEMOGRAPHIC CHANGE

Please complete all blank sections below.

Account: _____ Other Accounts: _____, _____, _____, _____

Change: Primary Name Primary Address Primary DOB/SSN Joint Name Joint Address Joint DOB/SSN

PRIMARY OWNER INFORMATION

FULL NAME	SSN/TIN	DATE OF BIRTH
NEW ADDRESS	CELL PHONE	HOME PHONE
CITY	STATE	ZIP
PREVIOUS NAME	PREVIOUS SSN/TIN	PREVIOUS DOB
MOTHER'S MAIDEN NAME	EMAIL ADDRESS	
EMPLOYER	EMPLOYER PHONE	

JOINT OWNER INFORMATION

FULL NAME	SSN/TIN	DATE OF BIRTH
NEW ADDRESS	CELL PHONE	HOME PHONE
CITY	STATE	ZIP
PREVIOUS NAME	PREVIOUS SSN/TIN	PREVIOUS DOB
MOTHER'S MAIDEN NAME	EMAIL ADDRESS	
EMPLOYER	EMPLOYER PHONE	

I/We agree that the changes on this Card amend the previously signed Account Card and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein.

X _____
MEMBER'S SIGNATURE DATE

X _____
JOINT OWNER'S SIGNATURE DATE

FOR CREDIT UNION USE ONLY

DATE _____	CHANGE INITIATED <input type="checkbox"/> BY MAIL <input type="checkbox"/> IN PERSON <input type="checkbox"/> PHONE	ORDER UPDATED <input type="checkbox"/> DEBIT CARD <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECKS	VERIFICATION FOR NAME CHANGE <input type="checkbox"/> SS CARD (REQUIRED) <input type="checkbox"/> NEW DL (REQUIRED) <input type="checkbox"/> OTHER _____
EMP _____			

If current address is a PO BOX – verify we have an up to date physical address