Member's Account Maintenance Form

If you have a change of name, address and/ or phone, complete the form below.

(If you have a debit card or ATM card, be sure to let us know that also.)

Print and sign the form. Return it to the credit union.

You may send it by fax (341-4528 or 880-3600) or mail if you have your signature notarized.

Thank you!!

	<u>A</u>	CCOUNT M	<u> MAINTENCE</u>	FORM	
Primary Name on A	· · · · · · · · · · · · · · · · · · ·				
Secondary Name	on Account:	Account nur	mber:		
ATM Card:					
Debit Card:	Yes	No			
Change required:_	Address	Telephone_	Name		
OLD INFO	RMATION				
Street:					
Dity:			State:	Zip Code:	
	/ >				
Telephone Numb	er: (<i>)</i>			<u> </u>	
NEWINFOR	MATION				
Name:					
<u> </u>					-
Street:					
City:			State:	Zip Code:	
-					
Telephone Numbe	er: ()				
•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • •		•••••	•••••
Member Signa	ture:			Date:	
Werriber Olgrid				Bate.	
Notary:				Date:	
Member Servic	e Rep:			Date:	