



CRITICAL DATA CHANGE FORM



MEMBER INFORMATION

| | |
|--|--|
| Please make the following change(s) | ACCOUNT NUMBERS AFFECTED: |
| | _____ |
| <input type="checkbox"/> Name Change | Former Legal Name: _____ New Legal Name: _____ |
| <input type="checkbox"/> Address Change | New Address: _____ |
| <input type="checkbox"/> Email Change | New Email: _____ |
| <input type="checkbox"/> Phone Number Change | New Number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work |
| | New Number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work |
| <input type="checkbox"/> PIN Change | <input type="checkbox"/> CALL24 <input type="checkbox"/> Virtuoso |
| <input type="checkbox"/> Account Password Change | Mother's Maiden Name: _____ |
| <input type="checkbox"/> Other | |

CHANGE VERIFICATION

You will be notified of changes to your account. Please make sure we have accurate contact information:

| | |
|-------|---|
| Email | Email Address: _____ |
| Mail | Address: _____ |
| Phone | <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work |

AUTHORIZATION

I/We agree that the changes noted on this form amend, as indicated, previously signed forms. I/We certify that the information on this form is complete and true and that I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time, which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein.

| | |
|-----------------|-------------|
| Signature _____ | Date: _____ |
| Signature _____ | Date: _____ |

NOTARY (Required when form is not submitted in person by the member)

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____.

Signature of Notary Public Name of Notary Typed, Printed or Stamped

(Notary Seal)

Notary Public Commission Number Expiration Date

Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____