



## Member Information Change Form

Member Name: \_\_\_\_\_

Member Number(s): \_\_\_\_\_

*List all accounts you are a member or joint owner on that need changes. Include accounts for minor children that you are joint on.*

### ADDRESS CHANGE

Effective Date: \_\_\_\_\_

Street: \_\_\_\_\_

P.O. Box \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Check here if you want us to use your P.O. Box only for mailing.

***Due to government regulations, we are required to have a physical address on file with each post office box address.***

### NAME CHANGE

*Must provide proof of legal name change. Proof of name change will include a Primary ID such as a Driver's License or Non-Documentary ID such as a Social Security Card or Court Order.*

From: \_\_\_\_\_ To: \_\_\_\_\_

### PHONE NUMBER CHANGE

From: \_\_\_\_\_ To: \_\_\_\_\_

### EMAIL ADDRESS

From: \_\_\_\_\_ To: \_\_\_\_\_

**I request that Premier Financial Credit Union update the contact information above on all accounts listed on this Member Information Change Form.**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>CREDIT UNION USE ONLY:</b>	Request: In Person: _____	Mail/Night Drop: _____
Form Completed By: _____	Date: _____	Branch: _____
Processing: 08 _____	HSA/IRA _____	ATM/Debit _____
Bill Pay _____	Interact _____	
Changes Completed By: _____	Date: _____	Audited by: _____
	Date: _____	