Member Information Change Form

Member Name(s): _____

Member Number(s): _____

List all accounts on which you are a member, joint owner, custodian, guardian, authorized signer, or representative payee that need changes.

ADDRESS CHANGE Effective Date: _____

Street: _____Apt:_____

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. A Marriage Certificate is NOT adequate proof.

From: _____To: _____

PHONE NUMBER CHANGE

Custodial accounts must have the Custodian's phone number for primary number.

Primary Member - From: _____To: _____

Joint Owner - From: _____To: _____

EMAIL ADDRESS CHANGE

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: _____

CREDIT UNION USE ONLY: Form completed by:_____Date:_____

Request: In Person: _____ Mail/Night Drop: _____ Branch: _____

All names and account numbers listed: _____ Proof of name change attached/scanned: _____

Processing: Changes Completed By: _____Date: _____

08_____ HSA/IRA_____ ATM/Debit_____ Bill Pay_____ Interact_____ Flags: Added_____Removed_____

Returned Mail Sent: Yes N/A Audited by: _____ Date: _____