



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: _____

CREDIT UNION USE ONLY:	Request: In Person: _____	Mail/Night Drop: _____
Form Completed By: _____	Date: _____	Branch: _____
Processing: 08 _____	HSA/IRA _____	ATM/Debit _____
Changes Completed By: _____	Date: _____	Audited by: _____
Returned Mail Sent: _____		Date: _____