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# MEMBER UPDATE FORM

This section to be completed by member.

Primary       Joint      Member No. \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

### Section A - Member Information Update (Complete all applicable information within this section)

Please update my membership account with the following information marked below.

Email Address       Home Phone       Work Phone       Mobile Phone  
 Employer Name       Occupation  
 Mailing Address \_\_\_\_\_  Physical Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Zip Code \_\_\_\_\_ Zip Code \_\_\_\_\_

### Section B - Dormant (Complete account # and select method of activation)

Please Reactivate My Dormant Account # \_\_\_\_\_

Walk-in       Drive-up       Phone       Electronic       Mail

### Section C - Account Closure (Complete account #, select closure method and reason)

Please Close My Account # \_\_\_\_\_

Walk-in       Electronic       Mail

Reason for account closure: \_\_\_\_\_

### Section D - Comments/Remarks (include comments/remarks, if necessary)

\_\_\_\_\_  
 \_\_\_\_\_

### Section E - Member Acknowledgement

I agree that all changes indicated on this member update form are in accordance with the terms and conditions of the Membership Agreement disclosures.

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

### Credit Union Use Only

Primary Member Name \_\_\_\_\_ Member Number \_\_\_\_\_  
 ID Type / ID No. / Exp Date \_\_\_\_\_  
 OFAC       MDD       SDD       Received /Teller # \_\_\_\_\_ Date \_\_\_\_\_  
 Approved /Teller# \_\_\_\_\_ Date \_\_\_\_\_  
 COMMENTS/REMARKS \_\_\_\_\_ Processed /Teller# \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Call Back No. \_\_\_\_\_