

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 _____

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 _____

COMMENTS/REMARKS _____ Approved /Teller# _____ Date _____

_____ Processed /Teller# _____ Date _____

_____ Call Back No. _____