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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. _____