

This section to be completed by member.

☐ Primary ☐ Joint Member Number \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 / /  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Mother's Maiden Last 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 Reactivation / Account Closure

Please indicate whether you would like to reactivate a dormant account or close the account. If closing, please provide a reason.

☐ Please **REACTIVATE** my dormant account \_\_\_\_\_ (Member # & Share ID #)  
☐ Please **CLOSE** my account \_\_\_\_\_ (Member # & Share ID #)

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

## Section C - Comments/Remarks (optional)

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

## Section D - 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

Method of Submission: ☐ In-person ☐ Mail ☐ Fax ☐ Electronic - Specify Type: \_\_\_\_\_

Primary Member Name \_\_\_\_\_

ID Type / ID # / Issue Date / Exp. Date \_\_\_\_\_

OFAC ☐ MDD ☐ SDD ☐

COMMENTS/REMARKS: \_\_\_\_\_

Processed/Teller # \_\_\_\_\_ Date \_\_\_\_\_

Approved/Teller # \_\_\_\_\_ Date \_\_\_\_\_

Call Back Number \_\_\_\_\_

Call Back Date & Time \_\_\_\_\_