



Confirmation of Address Information

Dear Member,

In order to protect your account information, we may be mailing this request to both your new and old address. Return this signed document in the envelope provided so we may update your account information. Your account may be charged if your address is incorrect. ***If your mailing address is a Post Office box number we also require your physical address for our information.**

Member Name(s) _____

Acct Number (s) _____

PREVIOUS ADDRESS

NEW ADDRESS

 Home Phone _____
 Work Phone _____
 Cell Phone _____

 Home Phone _____
 Work Phone _____
 Cell Phone _____

Physical Address (Required for P.O. Box):

e-mail address change: _____

Please Circle Yes or No in response to the following statements:

- | | | |
|---|------------|-----------|
| • I am a Members First Bill Payer user | Yes | No |
| • I receive e-Statements | Yes | No |
| • I have an IRA at Members First Credit Union | Yes | No |
| • I have Financial Services Investments with MassMutual(Flag71) | Yes | No |

Member Signature

Date Signed

<u>CREDIT UNION USE ONLY</u> - Initial all appropriate boxes or enter N/A		<i>FSR making changes</i> _____
<input type="checkbox"/> ID Verified (<i>in person requests</i>)	OR	<input type="checkbox"/> Form Sent by Mail (<i>remote requests</i>)
<input type="checkbox"/> System Maintenance Performed (ADCH/JOCH)		<input type="checkbox"/> Harland Clarke Updated
<input type="checkbox"/> Financial Services Coordinator Copied		<i>Date changed</i> _____

<u>Quality Control Review / Servicing Department</u>		
<input type="checkbox"/> Signature Verified & System Maintenance Performed (if form is returned by mail only)		
<input type="checkbox"/> IRA Maintenance Performed	<input type="checkbox"/> Bill Payer Update	<input type="checkbox"/> E-statements Updated
Performed by (Deposit Services Associate) _____		Verified by _____