



Member Address Change Request

(For your protection, and address change must be made either in person or in writing)

Member Name: _____

Member #: _____

Social Security #: _____

Joint Owner Name: _____

Member #: _____

Social Security #: _____

Account Number(s): _____

Old Address: _____

New Address: _____

Effective
Date: _____

Old Phone #: _____

New Phone#: _____

Old Cell #: _____

New Cell #: _____

Old Email: _____

New Email: _____

Old ID: _____

New ID: _____

Old Name: _____

New Name: _____

Old Employer: _____

New Employer: _____

I/we have (Please Check all that apply)

ATM or Debit Card

IRA

Visa

I (we) hereby request that Governmental Employees Credit Union change my (our) information as described on this form.

Authorized Signature

Date

Authorized Signature

Date

.....
For Office Use Only:

_____ Updated on Checks 4 Less
_____ Updated on Legacy

_____ Updated on Plastics Dept.
_____ Updated for IRA's

_____ Signature Verified By