



Member Status Change Form

Identification is required to initiate any changes to account(s). A new signature card must be completed with name changes to account. Provide credit union with documents to support change of name.
IE: Marriage cert, social security card.

Return form in person to credit union

MEMBER PROFILE

<i>Member Name :</i>		<i>Social Security #:</i>	
<i>Account Number:</i>		<i>Mother Maiden Name:</i>	
<i>Date of Birth</i>		<i>How Long have you been a member</i>	
Joint Owner Name:		Social Security #:	
Date of Birth		Phone Number	

EMPLOYMENT CHANGES

Change to : Name of Employer: _____ Department: _____
 Job Title: _____ Phone # _____

INDICATE WHAT HAS CHANGED

Change	New Information
Name <input type="checkbox"/>	
Joint Owner Name <input type="checkbox"/>	
Street Address: <input type="checkbox"/>	
City : <input type="checkbox"/>	
State: <input type="checkbox"/>	
Zip: <input type="checkbox"/>	
Home Phone: <input type="checkbox"/> Include Area Code	Business Phone: <input type="checkbox"/>
Cell Phone: <input type="checkbox"/> Include Area Code	Email Address: <input type="checkbox"/>

List the services that you use at our Credit Union

Savings and Club Acct	<input type="checkbox"/>	
Loan :	<input type="checkbox"/>	
Checking:	<input type="checkbox"/>	
ATM Card:	<input type="checkbox"/>	
Debit Card:	<input type="checkbox"/>	
Credit Card:	<input type="checkbox"/>	
Home Banking:	<input type="checkbox"/>	

Your Signature _____

Date _____

STAFF SIGNATURE _____

DATE _____

TYPE OF ID COLLECTED --CIRCLE (DL----EI-----OTHER) OR INDICATE IF KNOWN TO STAFF _____

System/File to be updated	Date Updated	By whom
Member Master File		
Loan File:		
Checking File:		
Co-Op:		
Certegy/FIS:		
Card Source:		
Liberty:		
Signature Card(s):		
ID scanned		
Notes on Account		
Return Mail		
Services reviewed by		

Primary person responsible for Account systems

Julie:

Service Review Completion