Western New York
FEDERAL CREDIT UNION

Account Information Change Form

Written authorization is required to change contact inform

Change Request: ☐ Address ■ Phone ☐ Email

All account numbers affected by this change:

Account #_____ Account #_____ Account #_____

Member Name: _____

Joint Member Name(s) (if applicable): _____ Change Address?: Y ☐ N ☐

_____

New Physical Address: Street Address City, State, Zip

_____

New Mailing Address (if different): Street Address City, State, Zip

Home Phone: _____ Cell Phone: _____

Email: _____

_____ _____

Member Signature Date

For Credit Union Use Only

Form Received By: _____

Form Delivered: ☐ In Person ☐ Via Mail ☐ Via Email ☐ Via eDOC

☐ Logged into Spreadsheet ☐ Member Maintenance

☐ Draft Maintenance – Check Orders ☐ IRA – Notify Ascensus

☐ ATM/DEBIT Card Number _____ ☐ VISA Credit Card Number _____

Completed By: _____ Date: _____ ☐ Scanned