

Mokelumne Federal Credit Union
Request for Information Change

Name:	Account:
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<input type="checkbox"/> I am the Primary Account holder	<input type="checkbox"/> I am the Joint Account holder
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I am requesting to update information for the following (*check all that apply*):

<input type="checkbox"/> Name	<input type="checkbox"/> Address	<input type="checkbox"/> Beneficiary
<input type="checkbox"/> Phone Number	<input type="checkbox"/> E-mail	<input type="checkbox"/> Mother's MN

Name/Address Change

Former Name:	New Name:	
New Address: (<i>if PO BOX, use Address 2 for the Physical Address</i>)		
Address 2:		
City:	State:	Zip Code:
E-mail Address:	Phone #:	Mother's MN:

Change Beneficiaries (*requires signatures from all joint owners*)

1. Beneficiary Name :	Address or Phone Number:
2. Beneficiary Name:	Address or Phone Number:

- ❖ Does this change effect the joint owner's address? (*if applicable*) _____
- ❖ Are there other accounts affected by this change? Please list: _____
- ❖ Please circle which services you have with us: BillPay VISA Debit Card E-Statements Loan*

**Please note: If you have a collateral loan with MFCU, you must change your address with DMV to ensure proper delivery of your title once the loan is paid in full.*

Authorized Signatures and dates

X _____ X _____

<u>Office Use Only</u>			
Teller Number: _____	ID Verified: _____	ID Expiration date: _____	Branch #: _____
Services Updated: BillPay: _____ E-Statements: _____ Loan: _____ JT owner: _____			
If member is a co-borrower on a loan, DO NOT update the loan in CMC. Give the new address to the loan department			