

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"/> Other

**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 #1:	Phone #2:

**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 \_\_\_\_\_

***Office Use Only***

Teller Number: \_\_\_\_\_ In Person?: \_\_\_\_\_ ID Verified: \_\_\_\_\_ ID Expiration date: \_\_\_\_\_ Branch #: \_\_\_\_\_

***Services Updated:*** BillPay: \_\_\_\_\_ Debit Card: \_\_\_\_\_ 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  
 If member is not in person, copy of valid identification must be attached to this form