

## **Change of Contact Information**

| Name   |  |                             |   |
|--|--|-----------------------------|---|
|  |  |                             | Middle                                    |
|  |  |                             |   |
| Work Phone                                       | ext  | Email Addre                 | ess                                       |
| Name   |  |                             |   |
|  |  |                             | Middle                                    |
|  |  |                             |   |
| Work Phone                                       | ext  | Email Addre                 | ess                                       |
| Name   |  |                             |   |
|  |  |                             | Middle                                    |
|  |  |                             |   |
| Work Phone                                       | ext  | Email Addre                 | 255                                       |
| Apply to Primary Or                              | pply (Required) Add Mailing Addre Add Mailing Addre Apply to All Owner Dership Only (member numb                             | rs Apply to Jo              | none/Email Information<br>oint Owner Only |
|  | erships ( <i>Please list member n</i>  |                             |   |
| Do you have Investments<br>Do you have a Members | Members Choice Credit Unions with Members Choice Cred<br>Choice Credit Union credit c<br>dit card? If so, contact Elan d     | dit Union?                  | YesNo<br>YesNo<br>YesNo<br>YesNo          |
|  | : Domestic In  | Suite                       | e/Unit/Apt<br>State Zip                   |
| If International, please in                      | clude Country, Province/Cou  | ınty & Postal Code.         |   |
| <u> </u>   | ferent than your physical a  |                             | mestic International<br>e/Unit/Apt.       |
| City   |  |                             | State Zip                                 |
| If International, please in                      | clude Country, Province/Cou  | Inty & Postal Code.         |   |
| You hereby authorize Mem                         | bers Choice Credit Union to ma   | ke the changes to your      | account(s) designated herein.             |
| Signature  |  | Date                        |   |
| If returning form to                             | MCCU by email, fax or mail, pleas  | se include a copy of 2 for  | ms of ID for each person.                 |
| forward a copy to Mortgage Servic                | ve questions are marked yes, please forv<br>cing. If member has IRAs, update Ascens<br>ember has an MCCU credit card, forwar | sus. If member has investme | nts, forward a copy to                    |