



**MEMBERS CHANGE OF ADDRESS,
TELEPHONE NUMBER OR E-MAIL
FORM**

MEMBER INFORMATION

Members Name _____ Date _____

Account Number _____ Social Security Number _____

New Address _____
 (Street) (City) (State) (Zip Code)

PO Box (MUST also have street address) _____
 (PO Box) (City) (State) (Zip Code)

Old Address _____
 (Street) (City) (State) (Zip Code)

New Telephone _____ Old Telephone _____

New E-Mail Address _____ Old E-Mail Address _____

Employer Telephone _____ Cell Phone _____

If you are a Joint Owner, co-applicant or co-maker on any one else's account, this change will automatically change your address on those accounts.

Note: If there are joint owners, co-applicants or co-makers on any accounts under your membership number, we will only change their information if they authorize us to do so by submitting the correct forms.

MEMBER SIGNATURE

Member's Signature Authorizing Change(s) above _____ Date _____

ACTION REQUIRED BY CREDIT UNION

If signature is not notarized, signature must be verified by a Ball State Federal Credit Union Employee:

Employee Name _____ Employee Teller Number _____ Date _____

Identification of Member Requesting Change (IF SIGNATURE IS NOT NOTARIZED)

- Picture Identification Source _____
- Signature on file
- Signature on Loan Documents
- Changed by _____ Date _____

FILE MAINTANANCE

- VISA (SERVICECORP)
- Ascensus (IRA Direct)
- ATM/Debit Card _____
- ATM/Debit Card _____