



Member Information Change Form

For your protection, an address or name change must be requested either in person or in writing.

Current Information

Member Name: _____

SS/Tax ID #: XXX-XX-_____ Home Ph #: _____

Cell Ph #: _____ Work Ph #: _____

Birthdate: _____

Email Address: _____

Check One:

I need to make a **permanent** address change: (effective date) _____

I am making a **temporary** address changes: (starting date) _____ (ending date) _____

Old Address: _____

New/Temporary Address: _____

Physical Address (if needed): _____

(If new/temporary address is a PO Box, we MUST have a physical address on file.)

Specify any additional item(s) that need to be changed or corrected:

Change name from _____ to _____

Correct Birthdate: _____ Correct SS/Tax ID #: _____

Correct Home Ph#: _____ Correct Work Ph #: _____

Correct Cell Ph#: _____

Correct Email Address: _____

Other: _____

Authorization: *I hereby request that Westby Co-op Credit Union update contact information indicated above on all accounts listed on this form.*

Authorized Signature

Date _____

Employee Name _____

Date _____

Membership Account Numbers:
List all accounts you are a member or joint owner on that need changes. Include accounts for minor children that you are joint on:
