

Account Change Request

To ensure accurate processing, please print information clearly.
Please allow 3 business days for changes to take effect.



Member Information

*Required

| | |
|---------------------|------------|
| *Primary Owner Name | *Account # |
|---------------------|------------|

Account Change Request Reason: Change of Address Account Closure
Please fill out details in the appropriate section.

Change of Address

| | |
|---------------------|------------------|
| New Mailing Address | City, State, Zip |
|---------------------|------------------|

If changing to a P.O. Box, your physical street address is required: _____
Street, City, State, Zip

Account Closure

Reason for closure: Check all that apply Moving Out of the Area Poor Member Service Paid Off Loan I Have Another FICU Account
 Other: Please Specify _____

Note to Member: Any checks presented for payment after your membership account is closed will be returned as unpaid. In addition, any direct deposits received will not be credited, but returned to the source. Payroll deductions should be stopped before the account is closed.

Notary Authorization If primary owner will not be present at the credit union when submitting this form, a notary authorization is required.

On _____ before me, _____, Notary Public, personally appeared _____ (Print Primary Owner Name) whose identity was provided to me and on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged to me that he/she executed the same in his/her authorized capacity sign the above authorization.

Notary Signature

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Primary Owner Disclosure

I agree that the changes on this Form amend the previously signed Membership Account Agreement and are subject to the terms and conditions of the Membership Account Agreement, Truth-in-Savings Disclosure, and Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I acknowledge receipt of the agreements and disclosures applicable to the changes requested above.

Primary Owner Authorization Signature

Date

CREDIT UNION USE ONLY All Debit Cards captured Reordered Debit Cards Updated Account Application
Completed by: Initials _____ Teller # _____ Date _____