

POLICE FEDERAL CREDIT UNION

Information Change Request Form

Member Name:	Account Number:
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Change of Address:

Current Information:		New Information:	
Street Address/P.O. Box:	Apt. #:	Street Address/P.O. Box:	Apt. #:
City:		City:	
State:	Zip Code:	State:	Zip Code:
Primary (Home) Phone Number:		Primary (Home) Phone Number:	
Work Phone Number:		Work Phone Number:	
Alternative (Mobile) Number:		Alternative (Mobile) Number:	
Email Address:		Email Address:	

Legal Name Change:

Current Legal Name:	New Legal Name:

When requesting a legal name change, you will be asked to provide documentation to validate the request (e.g.: marriage certificate, court documentation, divorce decree, etc.). Additionally, you will be required to sign a new account signature card before the change is finalized.

Authorization and Certification:

You are requesting that Police Federal Credit Union change your physical and/or mailing address or your legal name on record with us. You authorize us to make the changes that you have requested. You hereby certify that you are authorized to make the requested changes on this account. **If you are requesting this change by mail or fax, you understand that you will be contacted by Credit Union personnel to validate this change request, and that no changes will be made until we are able to reach you at the current phone number(s) or email address(es) that we have on record.** Pursuant to the FACT Act Section 114-ID, in order to further protect you from fraud, if you request a new or replacement ATM, debit, or credit card within thirty (30) days of this request, additional verification will be requested.

Member Signature:	Date:
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CREDIT UNION USE ONLY		
Member Contacted at following #:	Date:	CU Employee Verifying Request:
Cruise Record Updated by:	Warning Code Placed (w/ 30 expiration): <input type="checkbox"/>	Date Record Updated:
Identification Verified:	Additional Identification:	Additional Identification: