



REQUEST FOR NAME & ADDRESS CHANGE

Account Number _____

First Name _____ Last Name _____

Old Address _____

City, State, Zip _____

New Address _____

City, State, Zip _____

Mailing Address (Optional) _____

City, State, Zip _____

Work Phone Number _____

Home Phone Number _____

Email Address _____

Fax Number _____

Member Signature _____

Date _____

Staff Signature _____ Date _____

Fax completed change to: (313) 291-2064

Or mail to: Total Community Credit Union PO Box 547, Taylor, Michigan 48180

Or drop your completed request off in person at the credit union.