

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) 291-6899

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

Or scan and send via email to: mailbox@tccu.us

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