

## **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:** \_\_\_\_\_

Mail completed form to:

Total Community Credit Union, PO Box 547, Taylor, Michigan 48180

Fax completed change to: (313) 291-6899

Or bring your completed request in person to the credit union.