



MEMBER INFORMATION

Members Name _____ Date _____
Account Number _____ Social Security Number _____
New Address _____ (Street) _____ (City) _____ (State) _____ (Zip Code)
PO Box (MUST also have street address) _____ (PO Box) _____ (City) _____ (State) _____ (Zip Code)
Old Address _____ (Street) _____ (City) _____ (State) _____ (Zip Code)
New Telephone _____ Old Telephone _____
New E-Mail Address _____ Old E-Mail Address _____
Employer Telephone _____ Cell Phone _____

If you are a Joint Owner, co-applicant or co-maker on any one else's account, this change will automatically change your address on those accounts.

Note: If there are joint owners, co-applicants or co-makers on any accounts under your membership number, we will only change their information if they authorize us to do so by submitting the correct forms.

MEMBER SIGNATURE

Member's Signature Authorizing Change(s) above _____ Date _____

STATE OF _____)
) SS:
COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared _____ of legal age, who acknowledges the execution of this document, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this _____ day of _____ 20____

My Commission Expires _____ Signature _____
Printed Name _____
Resident of _____ County, State Of _____.

ACTION REQUIRED BY CREDIT UNION

If signature is not notarized, signature must be verified by a Ball State Federal Credit Union Employee:

Employee Name _____ Employee Teller Number _____ Date _____

Identification of Member Requesting Change (IF SIGNATURE IS NOT NOTARIZED)

- Picture Identification Source
Signature on file
DocuSign
Changed by _____ Date _____

FILE MAINTANANCE

- VISA (PSCU)
Ascensus (IRA Direct)
ATM/Debit Card _____
ATM/Debit Card _____