

First Abilene Federal Credit Union
CHANGE OF NAME OR ADDRESS AUTHORIZATION

Effective Date _____ Account # _____

Related Accts _____

Existing Account Information

Name(s): _____

Address: _____

City _____ State _____ Zip Code _____

Phone (Hm.) _____ (Wk.) _____

Updated Account Information

Name(s): _____

(Name change requires TX Driver's License, Social Security Card, or Marriage License showing new name)

If name change – Debit card? _____ If yes, old card will be deactivated and new card will arrive in 7-10 days.

Physical Address: _____

City _____ State _____ Zip Code _____

Mailing Address: _____

Phone (Hm.) _____ (Cell) _____

Employer: _____ (Wk Phone) _____

Email Address: _____

Flex Teller? _____ yes _____ no E-Statements? _____ yes _____ no

(Revised 7/10)

Member's Signature

Date

-----Credit Union Use Only—Complete & Route as required – Date & Initial-----

_____ Bad Address Flag Removed _____ Name/Address Maint _____ Statement Code

_____ Bad Address List _____ Jt Owner Maint _____ Email/E-stmt/FT

_____ Debit Card _____ MasterCard Maint _____ IRA Maint

_____ Marketing (All-star and \$4me accts, email) _____ Completed /Filed