



## ACCOUNT CHANGE REQUEST

Date: \_\_\_\_\_ Member #: \_\_\_\_\_

Please Choose One:     Name Change     Address Change

Primary Member Name: \_\_\_\_\_

Visa Card #: \_\_\_\_\_    IRA:     Yes     No

Debit Card #(s): \_\_\_\_\_

Phone Change    Home: \_\_\_\_\_

Work: \_\_\_\_\_

Employer Change    To: \_\_\_\_\_

Address Change    From: \_\_\_\_\_

\_\_\_\_\_

To: \_\_\_\_\_

Name Change    From: \_\_\_\_\_

To: \_\_\_\_\_

Primary Member's Signature: \_\_\_\_\_

We need your signature to authorize these changes. Please return the completed form by fax (707) 443-8664

or by mail to:

CSFECU #20

PO Box 1268

Eureka, CA 95502-1268