



Address/Contact Information Change Request

For your protection, any contact information update requests are required to be written and signed. Due to numerous options of account ownership, a separate form for member, custodian, joint owner, loan co-maker or co-signer is required. Form must be signed by the appropriate owner as applicable to various suffixes. When completed by primary member, can be documented by "base account 12345 (account number)/all suffixes".

Account number(s) and suffix(es): _____

New Address

Name: _____
Social Security # or Tax Payer ID# _____
Physical Address (**Required field**): _____
City, State, Zip Code: _____
Mailing Address/P.O. Box (If different than above): _____
City, State, Zip Code: _____
Home Phone#: _____ Cell Phone# _____ Work Phone# _____
Email Address(es): _____

Signature: _____ Date: _____
By signing this form, I hereby give Gulf Coast Federal Credit Union express prior consent to contact me at any/all phone #'s (by phone call or text message) for the purpose of GCFCU communication.

For CU Staff Use only:
Record Type, Number and Expiration Date of ID Presented if onsite:
Driver's Lic. or Government ID # & Type: _____ Exp. Date _____
Verification Method documented if not completed onsite: _____

Date changed in cu database: _____
Changed by: _____
If ANY open or closed IRA's on main profile, completed form must be forwarded to branch manager for IRA database update. Forwarded to _____ on _____
Branch Manager's Name Date

IRA database change form entered or verified by _____
Branch Manager Signature