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 accounts.

RIM #'s: _____

_____

_____

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): _____

Current or Last Occupation _____

Signature:_____ Date:_____

By signing this form, I hereby give Gulf Coast Federal Credit Union prior express 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 (PHX) :_____

Changed by:_____

Staff- printed name/Signature

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 Date

If ANY open or closed GCFCU credit cards referenced on main profile/notes, completed form must be forwarded to branch manager for credit card database update. Forwarded to _____ on _____

Branch Manager's Name Date

Credit Card address update entered or verified by _____

Branch Manager Signature Date