

Contact Information Change Form

Effective Date _____ Member Name _____

All Account Numbers Affected _____

☐ **Address Change**

Previous Address _____ City _____ State _____ Zip _____

New Address _____ City _____ State _____ Zip _____

Physical Address (If PO Box/Mail Stop used) _____

City _____ State _____ Zip _____

☐ **Phone Number Change**

Home: Previous Phone Number _____ New Phone Number _____

Work: Previous Phone Number _____ New Phone Number _____

Cell: Previous Phone Number _____ New Phone Number _____

☐ **Email Address Change**

Previous Email Address _____

New Email Address _____

This form must be signed to initiate the change request.

Member Signature _____ Date _____

Driver's License or State ID _____ State of Issue _____

THE INFORMATION BELOW IS FOR CASE CREDIT UNION USE ONLY

Employee Receiving Form _____ Date _____

System Change Entered By _____ Date _____

Changes Verified By _____ Date _____

Address Changes made to the following systems:

☐ Branch Suite

☐ IRA Direct

RETURN YOUR COMPLETED ADDRESS CHANGE FORM TO CASE CU:

Mail: Contact Center Specialist, CASE Credit Union, PO Box 22158, Lansing, MI 48910

In Person: Bring your completed form to any of our branch locations

Fax: 517.367.1100

Email: ContactCenter@CASECU.org