

ACCOUNT INFORMATION CHANGE REQUEST

Name of Account Owner: _____ Member #: _____

Social Security/ ID #: _____

Name of Joint Owner(s): _____

Social Security/ ID#: _____

Organizational Name (trust/business): _____

The above person(s) hereby notify(ies) Horizon Community Credit Union that the following information is correct as of _____ and requests that the information be changed on the following account(s): _____

ADDRESS CHANGE

New Address: _____

New Phone #: _____ New Cell#: _____

NAME CHANGE

Old Name: _____

New Name: _____

EMPLOYMENT CHANGE

New Employer: _____

Position: _____ Phone #: _____

New Security Code: _____

Account Owner Signature: _____ Date: _____

Joint Owner Signature: _____ Date: _____

Joint signature is required only when more than one signature is required to complete transaction on account(s) listed