

FILE CHANGE REQUEST	This Change Applies to all accounts unless specific account listed:
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WESTERN SUN	X Specific account (list)
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FEDERAL CREDIT UNION	Does Person have <input type="checkbox"/> IRA Debit Card <input type="checkbox"/> Visa Credit Card
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Person Name		Date:
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CHANGE INFORMATION AS FOLLOWS - COMPLETE ONLY INFORMATION THAT HAS CHANGED

Primary Address (Physical) – cannot be a PO Box	Alternate Address (Mailing)
	<input type="checkbox"/> All accounts <input type="checkbox"/> Just those specified above

Seasonal Address	Begin:	End:	Other Address
			<input type="checkbox"/> All accounts <input type="checkbox"/> Just those specified above

Reoccurring <input type="checkbox"/> Yes <input type="checkbox"/> All accounts <input type="checkbox"/> Just those specified above					
Social Security #	Birthdate	Personal Phone #	Cell #	Business #	Other #

Mother's Maiden Name	E-Mail Address	<input type="checkbox"/> Home	<input type="checkbox"/> Work

List other persons in household that have an address or phone # change:
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Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship

I hereby authorize and request the above changes to be entered into the records pertaining to my account held by Western Sun FCU.

MEMBER SIGNATURE	DATE
X	

FOR CREDIT UNION USE ONLY		
INFORMATION CHANGED BY:	CHANGE DATE:	INFORMATION REVIEWED BY: