

Oswego Teachers' Employees' Federal Credit Union

CHANGE OF MEMBER INFORMATION FORM

To ensure the security of your personal information, your signature is required to change your information. **Please complete a separate form for each member impacted by this change. The form must be returned with a photo ID.** Simply print, complete, sign and drop off the Change of Information Form at our office or mail/fax it to us at:

Mail:
Oswego Teachers' Employees Federal C.U.
PO Box 878
Oswego, NY 13126

OR

Fax completed form to:
(315) 342-2205

Customer Information:

First name: _____ Middle name: _____

Current Last name: _____ New Last Name: _____

Effective Date of Information Change: _____ immediately
mm dd yyyy

Current Listed Information

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: (____) _____ Cell Phone Number: (____) _____

Work Phone Number: (____) _____ ext. _____

Email Address: _____

New Information: Physical Mailing Physical and Mailing

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: (____) _____ Cell Phone Number: (____) _____

Work Phone Number: (____) _____ ext. _____

Email Address: _____ Enroll in e-statements via home banking

Owner Signature: _____ Date _____
mm dd yyyy

Joint Owner Signature: _____ Date _____
mm dd yyyy

For Credit Union Use Only

Employee Verified: _____ Date _____
mm dd yyyy

Reviewed By: _____ Date _____
mm dd yyyy

Change Debit Card _____ Change VISA CC _____ Bill Pay _____
Employees Initials Employees Initials Employees Initials

Account Number: _____

Type of Gov't Issued I.D.: _____ I.D.#: _____ Exp.: _____