

**Members 1st of NJ**  
*Federal Credit Union*

**ACCOUNT CHANGE FORM**

Account No.									
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Date \_\_\_\_\_

**ADDRESS CHANGE**

Members Name \_\_\_\_\_

Old Address \_\_\_\_\_

Street/PO Box #

City, State, Zip

Phone #

New Address \_\_\_\_\_

Street/PO Box #

City, State, Zip

Phone #

Place of Employment \_\_\_\_\_

Work #

Add/Change Email \_\_\_\_\_

**NAME CHANGE** \_\_\_\_\_ Primary Member \_\_\_\_\_ Joint Member

Previous Name (Print) \_\_\_\_\_

New Name (Print) \_\_\_\_\_

ID/Supporting Document(s) \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

**CREDIT UNION USE ONLY**

Verification Completed By: _____	Date: _____	
Maintenance Completed by (Initial when completed)		
145 _____	ATM (client workstation) _____	VISA (cardsource) _____
Debit Card (Packet PC) _____	Loan File _____	IRA File _____