

Change of Information Form

Addresses may be changed via this form, or via your online banking access, under Member Services.

Name: _____

E-Mail: _____

AEFCU Member No. (CIF): _____

SSN: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

IF THERE ARE JOINT OWNERS ON ANY OF YOUR ACCOUNTS THAT ALSO NEED THEIR ADDRESS(ES) CHANGED, A FORM FOR EACH OWNER MUST BE COMPLETED AND SIGNED BY THE INDIVIDUAL (except in the case of minors, businesses or other individuals for whom a guardian/legal representative may sign).

Please fill out applicable section including Signature in Section III.

I. CHANGE ADDRESS

Type of Change:

Residential Address (No PO Box)

Mailing Address (If different from residential address)

Remove existing PO Box Yes No Add or Update PO Box: _____

Seasonal Address:

Temporary

Permanent

Change

Add

Delete

Start Date (mm/dd/yyyy): _____ End Date (mm/dd/yyyy): _____

Alternate Address:

Change

Add

Delete

Account Number(s)/ Type:

Address:

Street: _____

City: _____ State: _____ Zip: _____

II. CHANGE NAME

Former Name (Please Print): _____

Verification of Name Change Document (Please Attach): _____

III. SIGNATURE REQUIRED

Name: _____ Date: _____

Please bring the completed and signed form to any Credit Union office or mail to:

American Eagle Financial Credit Union
Electronic Services Representative
417 Main Street
East Hartford, CT 06118

CU Use Only

Signer must be on account.

File Maintenance Performed By: _____

Branch: _____

ID Verification: _____

Date Change Made: _____