

POWERCO FEDERAL CREDIT UNION

Address Change / Name Change Form

Address Change

Name Change (New Signature Card(s) Required)
Attach supporting documentation: marriage certificate,
court documents, new signature card(s), etc).

Member #: _____ Social Security #: _____

Full Name: _____

. First Middle Last

Former Name (For Name Change Request): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Work Phone: () _____

Work Location: _____ Interoffice Phone: 8 - _____

Email Address: _____ Cell Phone: () _____

Signature: _____ Date: _____

Please return this form to: Powerco Federal Credit Union • (404) 506-3750 • 1-800-633-5217
By Fax: (404) 506-3787 or 8-506-3787 or By Mail: 241 Ralph McGill Boulevard, NE Atlanta, Georgia 30308

For Credit Union Use Only

Member's Signature Verified: _____ (Attach Signature Verification Document) Branch Code # _____
Staff Initial

Return Mail Contact: (Yes or No) (If Yes, Update Contact & Forward) Mail Code: _____ (If Microfiche Change To Primary)

Address Updated on System: ____/____/____ Date Name Updated on System: ____/____/____ Date

New Signature Card(s) Received On Name Change Request

(Select & Obtain Card(s) On All That Apply)

Savings Checking Secondary Savings Money Market Christmas Club CD

Verify & Forward to each department on Address & Name Changes:

Mortgage Loan: (Yes No) Mortgage Dept
DentiCare: (Yes No) Denticare Dept
PC Bill Pay: (Yes No) Checking Dept
Visa Credit Card: (Yes No) Visa Dept
Visa ChekCard: (Yes No) Visa Dept

*Verify & Forward On Name Changes Only:

* ATM: (Yes No) Checking Dept
* Certificates: (Yes No) CD Dept

Staff Signature: _____

Date: _____

Verified By: _____

Date: _____

Rev. 06/07