COMMUNITY FINANCIAL

MEMBER INFORMATION CHANGE REQUEST

For security reasons, address change requests must include a verifiable signature. For your protection, we cannot honor change of address requests made by phone or email.

Please print, complete and sign this form. You may return it to any office or fax it to our Service Center at 734 582-8905. The signature will be verified against the signature card signed at account opening.

Member Name(s): _____
(PLEASE PRINT)

_____

Affected Account Number(s): _____
You must be a signer on the account to authorize an address change.

_____

PREVIOUS ADDRESS	NEW ADDRESS
Street Address	Street Address
Street Address (cont'd)	Street Address (cont'd)
City, State, Zip	City, State, Zip
Country (if other than U.S.)	Country (if other than U.S.)
E-mail:	E-mail:
PREVIOUS PHONE NUMBER	**NEW PHONE NUMBER**

Change of record due to:

____ Move ____ Record Correction

____ Mailing Address Change Only

____ Other _____
Please Specify

Please check one:

____ This is a PERMANENT change of information

____ This is a TEMPORARY change of information and will be effective .
from ___/___/20_____ until ___/___/20_____

By signing this form, I authorize Community Financial to update my account information

SIGNATURE: _____ **DATE**: ___/___/_____

FOR OFFICE USE ONLY

RECEIVED BY: _____ Branch/Dept. _____
EMPLOYEE NAME

DATE RECEIVED: ___/___/20____ DATE VERIFIED: ___/___/20____ INITIALS: _____