

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 Member Contact Center at (734) 582-9010. 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	
	DATE ://
FOR OFFICE USE ONLY	
RECEIVED BY: Branch/Dept	
TEAM MEMBER NAME	
DATE RECEIVED://20 DATE VERIFIED://20 INITIALS:	