

POSTEL FAMILY CREDIT UNION

NAME/ADDRESS CHANGE

Please Print or Type All Information

NAME: _____ **ACCOUNT #** _____
Please Print Name as it Now Appears

NEW NAME: _____
Please Attach copy of Photo ID with New Name or Marriage License

NEW ADDRESS:
Physical Address _____ Mailing Address (If different) _____

NEW PHONE #: Home _____
Work _____
Cell _____

E-MAIL ADDRESS: _____

MASTERCARD OR VISA ISSUED BY POSTEL

OTHER FAMILY MEMBERS WHOSE ACCOUNTS WILL BE AFFECTED:

This signature authorizes the above change(s) and provides an update signature to be used for any verification purposes.

Signed _____ Date _____

Employee's Initials _____