



ACCOUNT INFORMATION CHANGE FORM

Name _____
Joint Name _____
Member # XXX _____

Previous Address: _____

Current Address: _____

New Contact Information

Home Phone#: _____ Work Phone #: _____
Cell Phone #: _____ Message Phone #: _____
Email: _____

Signature: _____

Date: _____

Password Add/Change: _____

I have read and understand the terms of the Telephone Password Disclosure Agreement. I understand that any telephone business I initiate will be subject to the terms of the agreement as well as any applicable terms of the Tongass Federal Credit Union Account Agreement and Disclosure.

Signature: _____

Date: _____

The following must be completed if this form is not signed in the presence of a TFCU employee.

State of _____
Judicial District _____ SS.

The foregoing instrument was acknowledged before me by _____ on this
_____ day of _____ 20_____.

Notary Public (Signature) _____
(printed name of notary)

My commission expires: _____

Staff Use Only

How did you receive account change?

Mail: _____
Lobby: _____
Fax: _____

Teller: _____

Date: _____

Verification:

I.D. _____
Other: _____

Table with 2 columns: Update, Harland, Credit Card System, Debit Card System