



# PALISADOES CO-OP CREDIT UNION LTD.

## Member Information Update Form

Date: \_\_\_\_\_ Contact Numbers: \_\_\_\_\_

I \_\_\_\_\_ (state your name) hereby request that the following changes be effected on account.

**ACCOUNT #** \_\_\_\_\_

### CHANGE(S) TO BE MADE TO:

**Address**

From (please state old address) \_\_\_\_\_

\_\_\_\_\_

To (please state new Address) \_\_\_\_\_

\_\_\_\_\_

**Account Name**

If your name is spelt incorrectly please print it as it should appear on your account on the line below:

\_\_\_\_\_

If your name has changed (e.g. marriage), please print it as it should appear on your account on the line below. Please provide us with proof of the change.

\_\_\_\_\_

**Email Address**

\_\_\_\_\_

**Telephone Number(s)**

\_\_\_\_\_

**Identification Info**

\_\_\_\_\_

Please accept this as authorization to make the above changes to my account information.

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Member Signature

Please note that this form should not be used to add or remove beneficiaries from an account. For such request please speak with a Member Services Representative.