

PERSONAL INFORMATION UPDATE



Form Instructions:

- 1-Complete all applicable fields
- 2-Print completed form
- 3-Sign and date the Signature sections

4. Email to: creditunion@northsidefcu.com

5. Or Fax to: 404-845-5033

By signing below, I hereby authorize Northside Federal Credit Union to process the information provided on this sheet to update my account(s):

Member Information

Last Name	First Name	Member Number	Employee #
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Joint Member Information

Last Name	First Name	Middle Initial	Employee #
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Please Change: **Name** **Address** **Phone** **Email** **Employee #**
Reloadable Card: YES ___ or NO ___ If yes, please contact the company listed on the back of your card for updates

Name Change

Marriage (include a copy of marriage certificate)	
Divorce (include a copy of divorce decree)	
Other (explain)	
Prior Name:	Signature:
Current Name:	Signature:
I have included a copy of the legal document proving my name was changed (REQUIRED).	

Prior Information

Home Address (cannot be P.O. Box)	City	State	Zip
Email Address	Phone Number	Employee #	

Current Information

Home Address (cannot be P.O. Box)	City	State	Zip
Email Address	Phone Number	Employee #	

Member's Signature	Printed Name	Date
Joint Member's Signature	Printed Name	Date
Credit Union Representative's Signature	Printed Name	Date