

Acclaim Federal Credit Union  
**INFORMATION CHANGE FORM**

--

LAST NAME, FIRST NAME	SSN/TIN
-----------------------	---------

I AM REQUESTING THE FOLLOWING CHANGES TO MY RECORDS (Include ALL updated information)

NAME CHANGE (Copy of new picture ID required)	
MAILING ADDRESS	HOME PHONE
CITY/STATE/ZIP	WORK PHONE
STREET ADDRESS ( <u>Physical Address</u> )	CELL PHONE
E-MAIL ADDRESS	OTHER

I authorize Acclaim Federal Credit Union to make the changes indicated above to my account records. I understand that all changes are subject to the terms and condition of the Membership and Account Agreement.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**