



ACCOUNT INFORMATION UPDATE

NAME: _____ DATE: _____

ACCOUNT #: _____ SUFFIX: _____

Please fax back at (616) 784-3442, mail, or bring into a MCU Branch.

JOINT OWNER UPDATE

ADD <input type="checkbox"/>	REMOVE <input type="checkbox"/>	FIRST	MIDDLE	LAST	
SOCIAL SECURITY NUMBER		DATE OF BIRTH	STATE/GOV'T ISSUED I.D. NUMBER		EXPIRATION DATE
PHONE NUMBER			JOINT OWNER'S SIGNATURE X		
PRIMARY MEMBER'S NAME (PRINTED)			PRIMARY MEMBER'S SIGNATURE X		

NAME CHANGE

NEW NAME	FIRST	MIDDLE	LAST			
FORMER NAME	FIRST	MIDDLE	LAST			
I HAVE ATTACHED A COPY OF THE FOLLOWING LEGAL DOCUMENT:						
MARRIAGE LICENSE	DIVORCE DECREE	SS CARD	STATE/GOV'T ISSUED ID	TRUST	DEATH CERTIFICATE	OTHER _____
MEMBER'S NAME (PRINTED)			MEMBER'S SIGNATURE X			

PERSONAL INFORMATION UPDATE

NEW ADDRESS	STREET						
	CITY			STATE	ZIP		
FORMER ADDRESS	STREET						
	CITY			STATE	ZIP		
PHONE NUMBER				E-MAIL ADDRESS			
MEMBER'S NAME (PRINTED)				MEMBER'S SIGNATURE X			

PRIMARY MEMBER ATM/DEBIT CARD*	JOINT OWNER ATM/DEBIT CARD*
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CREDIT UNION USE ONLY

MSR SIGNATURE	DATE
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*Additional fees may apply.