



1157 Harrison Avenue  
Harrison, Ohio 45030  
Whitewaterccu.org

## NAME/ADDRESS CHANGE REQUEST FORM

Member Name: \_\_\_\_\_  
(Printed)

Member's Previous Name (If name changed): \_\_\_\_\_  
Note – Name change requires **Social Security Card** or new **license**.

Old Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip Code

New Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip Code

Phone Number: \_\_\_\_\_  
\*A phone # is required. This is required to alert you of potential fraud or other account issues. Even if your phone # hasn't changed, please list it here so that it can be confirmed that we have the correct contact information.

Do you have a joint member listed on your account? \_\_\_\_\_  
If YES, is their address changing also? \_\_\_\_\_

Do you have a DEBIT card? \_\_\_\_\_

Do you have a CREDIT card? \_\_\_\_\_

Do you have an IRA account? \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*do no write below this line\*\*\*\*\*  
**Credit Union Use Only**

**MAKE SURE YOU CHANGE THE JOINT MEMBERS INFORMATION IF APPLICABLE!**

Update CU Centric: \_\_\_\_\_

**For Name Change**

Update Client Central: \_\_\_\_\_

Change Visa Folder: \_\_\_\_\_

Update VISA: \_\_\_\_\_

Change Member Folder: \_\_\_\_\_

Update IRA: \_\_\_\_\_