



**MEMBER INFORMATION CHANGE FORM**

**Member Number:** \_\_\_\_\_

**Member Name:** \_\_\_\_\_

To change any information on your SEFCU account, please complete the member section below and sign where indicated. If mailing the form to SEFCU, please have your signature witnessed by a Notary Public. The completed form may be dropped off at any SEFCU branch or mailed to SEFCU Operations Support at: Patroon Creek Corporate Center, 700 Patroon Creek Boulevard, Albany, NY 12206.

I confirm the information below is correct for the above listed account number as of \_\_\_\_\_ (date)

**Member Section:**

Social Security Number: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Alternate Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

**X**

Member Signature

**X**

SEFCU Representative Signature

State of New York  
County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me personally came \_\_\_\_\_ to me known and known to me to be the individual(s) described in and who executed this instrument, and he/she duly acknowledged to me that he/she executed same.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

**For Credit Union Use Only**

**Note: Changes to a member's legal name or adding a checking account to an existing account, require a new, signed membership application.**

Scanned? \_\_\_\_\_

File update by: \_\_\_\_\_ Identification: \_\_\_\_\_ Expiration: \_\_\_\_\_