



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: _____