



1) Please complete the member information change form, being sure to include all account numbers and joint owners affected by the change.

2) Return this form by

mail: **Adventure Credit Union** PO Box 895 Grand Rapids, MI 49518

fax: 616-514-1800

Email: Support@adventurecu.org

or simply drop it off at any branch office.

MEMBER INFORMATION CHANGE FORM

(Please complete this form in its entirety)



Account Number(s) _____

Date _____

Primary Owner's Name (Last, First, M.I.) _____

Joint Owner's Name (Last, First, M.I.) _____

Mailing Address - Street Apt. #/PO Box City State Zip+4

Physical Address - Street Apt. # City State Zip+4

Prime Mbr: Home Cell Work Email

Joint Mbr: Home Cell Work Email

Is this a temporary/seasonal address? _____

Would you like checks ordered? _____

Which owners on this account are moving to the new address? _____

Notes _____

X_X _____ MEMBER SIGNATURE
 JOINT MEMBER SIGNATURE

Credit Union Use Only: Date received: ___ / ___ / ___
 Identification received: _____
 Teller name and #: _____

	C	P	A/D	BP	V	L/M	MC	RM	OFAC

Call Center Agent _____