

SCHOOLS
FEDERAL CREDIT UNION
MEMBER CHANGE REQUEST

Name: _____ Account #: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ CDL#/CID#: _____

Work Phone: _____ Email Address: _____

Signature: _____ Date: _____

Please make the following change(s) and/or addition(s) to my account:

- Address Change
- Reset Touch-Tone Teller (telephone voice response) Personal Identification Number
- Reset Homebanking (e-Banking) password
- Reset ATM/Debit Card Personal Identification Number (PIN)
- Issue new Personal Identification Number (PIN) (Possible fee: \$10.00)
- Reorder ATM/Debit Card Lost Stolen Other
- Order an additional ATM/Debit Card (Fee: \$10.00)
- Other: _____

Verified By: _____ Date: _____