TACU CREDIT UNION

Member Information Change Form Please note if there is a name change, new signature cards need to be signed.

Name of Account Owner: The person named above hereby notifies TACU that the following information is correct as of _____, ____ and requests that the information be changed on the following account(s): Change joint member address: Yes No (please circle one) Old Address: ____ State: _____ Zip: _____ New Address: State: ____ Zip:____ New Phone No.: New Cell Phone No.: New Email Address: New Driver's License Number: State of Issuance: _____ Issue Date: _____ Expiration Date: _____ Member Signature Date Employee's Signature Date ** Two Credit Union Employees Must Supervisor's Signature witness member signature. Date If your signature is not witnessed by two credit union employees, this form needs to be notarized. Or you may log on to tacuonline.com by entering your user id and password. Then find Message Center tab (located on the left), New Message and enter your new address. State of _____ County of _____ Subscribed and sworn to before me by the above signed on this _____, _____, _____. Notary Public My Commission Expires: _____

*****Address change log on reserve side.	
Address Change Check off log	
_ Forza/ESP _ Checks _ ARTA _ FIS/Visa Check Card _ Bill Pay/Corporate _ MasterCard _ Excel _ IRA	
Signature of Employee Updating Systems	Date