Member Update Form

Type or Print directly on this form

NOTE: Member updates must be done in writing and Self-Help FCU requires all requests to have a valid signature.

Last Name		**First Name**	**Middle Name**
Home Phone	**Mobile Phone**	**E-Mail**	
ID Type	**ID Number/Value**	**Issued By**	**Expiration Date**
Account Number(s)			
Former Street Address			
City		**State**	**Zip**
New Street Address			
City		**State**	**Zip**
Mailing Address (if different than Physical Address)			
City		**State**	**Zip**
Mother's Maiden Name	**Employer**		**Occupation**
By Signing I certify that I'm an authorized signer on the account(s) identified above and that I authorized this request.			
Member Signature			**Date**

CU Use Only:

Request Received: ☐ In Person ☐Contact Center

Identity Confirmed by: ☐ Photo ID ☐ Password ☐Challenge Question ☐ Signature on File

Type of Update: ☐Member Record Update ☐ Associate Record Update

Member Updates Completed by: _____ Date _____

Branch_____ *Scan to Member Account

REV 06/26