



# CRITICAL DATA CHANGE FORM



## MEMBER INFORMATION

Please make the following change(s)	ACCOUNT NUMBERS AFFECTED: _____	
<input type="checkbox"/> Name Change <input type="checkbox"/> Name Removal	<input type="checkbox"/> Former Legal Name <input type="checkbox"/> Name to Remove	New Legal Name: _____
<input type="checkbox"/> Update Beneficiary	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Add <input type="checkbox"/> Remove	Name: _____ Name: _____
<input type="checkbox"/> Address Change	New Address: _____	
<input type="checkbox"/> Email Change	New Email: _____	
<input type="checkbox"/> Phone Number Change	New Number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	
	New Number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	
<input type="checkbox"/> PIN Change	<input type="checkbox"/> CALL24 <input type="checkbox"/> Virtuoso	
<input type="checkbox"/> Account Password Change	Mother's Maiden Name: _____	
<input type="checkbox"/> Other		

## DOCUSIGN VERIFICATION ONLY

\*\*\* Employees who use this form through DocuSign MUST include an access code for the member to be able to view and update this form.

Email Address Used:	_____	Emp. Initials:	_____
Account Updated in Datasafe:	Teller #: _____ Name: _____	Date:	_____
Document has been uploaded to Imaging System:	Teller #: _____ Name: _____	Date:	_____

## AUTHORIZATION

I/We agree that the changes noted on this form amend, as indicated, previously signed forms. I/We certify that the information on this form is complete and true and that I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time, which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein.  Primary Member Requesting Change  Joint Member Requesting Change

Signature	Date:
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\*\*\* Notary signature NOT required if submitting document through DocuSign.

## NOTARY (Required when form is not completed through DocuSign)

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Name of Notary Typed, Printed or Stamped

(Notary Seal)

\_\_\_\_\_  
Notary Public Commission Number

\_\_\_\_\_  
Expiration Date

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_ Type of Identification Produced \_\_\_\_\_

*~ This Section for Internal Use Only When Not Using DocuSign ~*

**IDENTIFICATION VERIFICATION**

Confirm at least three or more forms of identification from the list below:	Employee Name: _____ Date: _____ Teller #: _____ NOTES:	Verified by: Teller #: _____ Initials: _____ Date: _____
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**Form was Received**  In Person  Over the Phone (see "Other" below – 4 required)  Mailed  Faxed  Emailed

<b>PRIMARY</b>	<input type="checkbox"/> Driver's License	State: _____ License Number: _____	
		Expiration Date: _____	
	<input type="checkbox"/> US Passport	Expiration Date: _____	

<b>SSN</b>	<input type="checkbox"/> Social Security Card	
	<input type="checkbox"/> W2 form with typed SSN	

<b>ADDRESS</b>	<input type="checkbox"/> Copy of current utility bill	<input type="checkbox"/> Copy of mortgage documents	<input type="checkbox"/> Selective Service Card
	<input type="checkbox"/> Copy of signed lease	<input type="checkbox"/> Current homeowner's insurance policy	<input type="checkbox"/> Statement from another Financial Institution

<b>OTHER</b>	<input type="checkbox"/> Email Address Verification	<input type="checkbox"/> Mother's Maiden Name	<input type="checkbox"/> Distribution / ACH source	<input type="checkbox"/> Last 4 transactions on the account
	<input type="checkbox"/> Verification of ALL phone numbers on the system	<input type="checkbox"/> Last four digits of SSN	<input type="checkbox"/> Year account was opened	<input type="checkbox"/> Beneficiaries Listed on Account

**EMPLOYEE PROCEDURES**

<b>USERS</b>	<input type="checkbox"/> Account Updated in System	Employee Name: _____ Date: _____ Teller #: _____ NOTES:	Verified by: Teller #: _____ Initials: _____ Date: _____
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<b>NOTIFICATION</b>	Account change notification was sent via:	Employee Name: _____ Date: _____ Teller #: _____ NOTES:	Verified by: Teller #: _____ Initials: _____ Date: _____
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<b>NOTIFICATION</b>	<input type="checkbox"/> Email	Email Address Used: _____
	<input type="checkbox"/> Mail	Address Used: _____
	<input type="checkbox"/> Phone	Number Called: _____

Spoke to Member  Left Message

<b>IMAGED</b>	<input type="checkbox"/> Scanned into Optical	Employee Name: _____ Date: _____ Teller #: _____ NOTES:	Verified by: Teller #: _____ Initials: _____ Date: _____
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