



Western New York

FEDERAL CREDIT UNION

Name/ Address Change Form

Name: _____

Social Security Number: _____

Account Number(s): _____

Joint Account Number (s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone # _____ Cell Phone # _____

E-mail Address _____

Member Signature _____ Date _____

.....
____ Charged Loan Files _____ New Membership Card

FOR OFFICE USE ONLY

ATM Debit Card #: _____

Credit Card #: _____

Draft Account #: _____

Joint Accts Kid Acct #: _____

Loan Account #: _____

IRA = _____