

## MEMBER ACCOUNT INFORMATION UPDATE

Member/Account Name	Tax I.D. Number/S.S. #	Account Number
Mastercard Number	Mastermoney Number	ATM Card Number

If I have so indicated below, I request that CSCU update my address, telephone number(s) or optional information or that CSCUP hold my periodic account statement for me to pick up at CSCU.

**Please place a check mark in each area to be updated.**

<input type="checkbox"/>	Residence	Old Address			New Address		
	No.	Street	Apt.	No.	Street	Apt.	
	City	State	Zip	City	State	Zip	
<input type="checkbox"/>	Alternate Address	Old Address			New Address		
	No.	Street	Apt.	No.	Street	Apt.	
	City	State	Zip	City	State	Zip	

### Hold Account Statement Request

I do not wish to have my Periodic Statement of Account mailed to me and instead, I request that CSCU hold my account statements for me to pick up in person at the credit union and to consider this arrangement to be:

- Permanent, unless credit union receives my written request to resume mailing statements.
- Temporary, beginning on the effective date of the notice and ending on: \_\_\_\_\_

Reason/Comment:

### Telephone Numbers

Residence <input type="checkbox"/>	Business <input type="checkbox"/>	Cellular <input type="checkbox"/>
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### Other Contact Information (Optional)

E-mail Address <input type="checkbox"/>	Pager <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>
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### Signatures

If my signature is affixed below (or if I have elected to submit this "Member Account Information Update" through the use of my PIN and CSCU's Home Banking Services, which shall have the same effect as my actual signature) I certify the information I have provided herein is true and correct. I agree to notify the credit union of any change regardless of whether or not I am receiving mail at an alternate address I have designated. If I have requested that my account statements, which from time to time may also include various notices or amendments related to my agreements with the credit union, are held at CSCU for me to pick up in person, that I must examine account statement immediately after being made available to me and for my own protection, I should do so within 10 days after that time and I acknowledge and agree that CSCU will generally make my account statement available for pick up starting with the third business day after the end of each month (or quarterly) statement period, whichever is applicable to my account..

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Requested Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

### FOR CREDIT UNION USE ONLY

Requestor's ID Verified by:	Initials	Verification Method	<input type="checkbox"/> Check Signature <input type="checkbox"/> PIN Access <input type="checkbox"/> In Person (D.L.#)
System Input Performed by:	Initials	All Hold Statement Request Require Senior Management Approval:	Senior Management Approval By: _____