



202 Taughanneck Blvd.
Ste. 1B
Ithaca, NY 14850
Phone: 607-272-8567
Fax: 607-273-0941

MEMBER CHANGE OF INFORMATION

Date: _____ Effective Date of Change: _____

Member Name: _____

Driver's Lic. Number: _____ State: _____

Issue Date: _____ Expiration Date: _____

Account Number: _____ Visa Debit Card Number: _____

Old Address: _____ Zip Code: _____

New Address: _____ Zip Code: _____

Old Home Phone: (_____) _____ Old Cell Phone: (_____) _____

New Home Phone: (_____) _____ New Cell Phone: (_____) _____

I am enrolled in Online Banking

I have a debit card

Authorization: _____

(Signature Required)

For Office Use Only:

Verified: _____

Date of Verification: _____