



NEW DIRECTIONS
COMMUNITY CREDIT UNION

NAME

MEMBER #

SOCIAL SECURITY #

NEW ADDRESS

PREVIOUS ADDRESS

NEW PHONE #

PREVIOUS PHONE #

NEW E-MAIL

PREVIOUS E-MAIL

MEMBER SIGNATURE _____ DATE _____

CREDIT UNION USE ONLY

METHOD RECEIVED

___ IN PERSON ___ BY MAIL ___ BY FAX ___ 9-NOTE ADDED TO ACCOUNT

ACCOUNTS UPDATED (each employee must initial the account they updated)

SHARES

DRAFT #

DEBIT CARD #

CREDIT CARD #

PREPAID #

IRA #

PLASTICS VERIFIED BY _____ DATE _____

ACCOUNT SWITCHED TO MAIL CODE:

0 (USE REGULAR ADDRESS _____)

STATEMENT MAILING TURNED BACK ON? ___ YES ___ N/A

1 (USE MAILING ADDRESS) _____

EMPLOYEE SIGNATURE _____ DATE _____ TIME _____