ATTACHMENT A

Minnequa Works Credit Union

Change of Address Form

Name_____

Account Number(s)_____

Daytime Phone Number_____

Drivers License# and copy _____

Occupation _____

Old Address	***New Address ***
_____	_____
_____	_____
_____	_____

All PO Box mailing addresses <u>MUST</u> also have a physical address on the computer.

Signature_____ Date_____

Accepted by:
Teller initials and teller number: _____
Date: _____

Attach Copy of License	☐
Enter License Data in BSA for primary and/or joint member	☐
Raise risk factor if member is also ordering debit card	☐
Update address in member details	☐
Update telephone # in member details	☐
Change “No Mail” to “Regular Mail” in Member Details	☐
Remove flag 30 under member service	☐
Remove scrolling message	☐
Update occupation field	☐