



ACCOUNT UPDATE FORM ADDRESS • JOINT OWNER DELETION • NAME

OWNER INFO	PRIMARY OWNER'S NAME	ACCOUNT NUMBER(S) please list all affected accounts	
	STREET ADDRESS	CELL PHONE	
	CITY, STATE, ZIP	WORK PHONE	HOME PHONE

ADDRESS / PHONE CHANGE	I AM REQUESTING THAT THE ADDRESS ON MY NECHES CREDIT UNION ACCOUNT(S) LISTED ABOVE BE CHANGED AS FOLLOWS:		
	FROM STREET ADDRESS _____		
	CITY _____	STATE _____	ZIP _____
	TO STREET ADDRESS _____		
	CITY _____	STATE _____	ZIP _____
	MAILING ADDRESS _____		
	CITY _____	STATE _____	ZIP _____
	CELL () _____	HOME PHONE () _____	WORK PHONE () _____ EXT. _____
	EMAIL ADDRESS _____ @ _____		
	<i>ONE ACCOUNT OWNER SIGNATURE REQUIRED BELOW</i>		
<p style="text-align: center;"> _____ CREDIT CARD _____ CHECKING ACCT _____ IRA _____ BILL PAY _____ CO MAKER ON LOAN </p>			

Joint Owner Deletion	_____ and _____ are joint owners of account number _____ with Neches Federal Credit Union. We agree that _____ should be removed from the account and should have no further rights in the account. We release Neches Federal Credit Union from any liability associated with the change.	
	Date: _____	Signature _____
	Date: _____	Signature _____
	STATE OF TEXAS	
	COUNTY OF JEFFERSON	
	Before me the undersigned authority on this day personally appeared _____ and/or _____ known to me to be the person whose names are subscribed to the foregoing instrument and acknowledged to me that they executed the same for the purpose and consideration therein expressed.	
	Given under my hand and seal of office this _____ day of _____.	
	Notary Public - State of Texas _____	
	Commission Expires _____	
	I AGREE TO THIS REMOVAL OF THIS ACCOUNT AND WILL NOT OBTAIN INFORMATION VIA PHONE/ONLINE. I AGREE TO TERMINATE ALL ACCESS TO THIS ACCOUNT AND ACCESS VICES.	

NAME CHANGE	I AM REQUESTING THAT THE FOLLOWING NAME CHANGE BE MADE TO MY NECHES CREDIT UNION ACCOUNT(S) LISTED ABOVE: SUPPORTING DOCUMENTATION IS REQUIRED. PLEASE ENCLOSE EVIDENCE OF NAME CHANGE WITH EITHER <input type="checkbox"/> A COPY OF YOUR SOCIAL SECURITY CARD, OR <input type="checkbox"/> A CLEAR AND LEGIBLE COPY OF YOUR GOVERNMENT ISSUED PICTURE IDENTIFICATION (E.G. DRIVER LICENSE), <input type="checkbox"/> COPY OF MARRIAGE CERTIFICATE, <input type="checkbox"/> OTHER. PLEASE PRINT NAME INFORMATION BELOW.	
	FROM _____	TO _____
	FIRST NAME, MIDDLE INITIAL, LAST NAME	FIRST NAME, MIDDLE INITIAL, LAST NAME
	ONE ACCOUNT OWNER SIGNATURE REQUIRED BELOW	

AUTHORIZATION	I/WE AUTHORIZE NECHES CREDIT UNION TO ACT IN ACCORDANCE WITH MY/OUR INSTRUCTIONS SET OUT ABOVE. I agree with the terms and conditions of the Membership Agreement and that the changes noted on this form amend previous signed forms. I certify the information is true and accurate.		
	SIGNATURE _____	DATE _____	DR LIC # _____
		MM / DD / YYYY	
	SIGNATURE _____	DATE _____	DR LIC # _____

KEYED BY _____ **DATE** _____

Send to Neches Federal Credit Union P O Box 1118 Port Neches TX 77651 / fax 409 727 5856 / email: memberservices@nechesfcu.org

INSTRUCTIONS FOR COMPLETING THE ATTACHED FORM

INSTRUCTIONS FOR COMPLETING THE ATTACHED FORM

The **OWNER INFO** and **AUTHORIZATION** sections are required with each request. You need only complete other sections relevant to your change request. Thank you for printing clearly.

OWNER INFO – This section is required. Complete this member identification section in its entirety, please. If your changes affect multiple accounts, please notate each account number

ADDRESS / PHONE CHANGE – This section is optional based on your request. Complete this section only if you are changing or correcting your address or phone number currently on file at Neches FCU. **Please complete both the FROM and the TO sections.**

JOINT OWNER DELETION – This section is optional based on your request. Complete this section only if you want to delete yourself or a joint signer from your account. Please note removing a joint signer will require a notarized signature of all account owners.

NAME CHANGE – This section is optional based on your request. Please complete both the FROM and the TO sections if you are changing a name on your account. Supporting documentation is required, and copies should be submitted with this request. Requests submitted without proof of legal name change, can not be processed. Acceptable proof may include a copy of your marriage certificate, government issued picture ID, or social security card.

AUTHORIZATION – This section is required. This document must be signed and dated by the appropriate account owners as specified in each section. There are more than two account owners on the account, please have the additional owner sign the reverse side of this form, or attach their signed authorization on a separate sheet of paper.

KEYED BY _____ DATE _____