



Change of Name/Address Authorization

Griffith Institute Employees Federal Credit Union

64 East Main Street, Suite 3 Springville, NY 14141

Member Information

Date: _____

Member Name: _____

****If the form is being mailed, you must include documentation (only ONE needed for each change):**
For a name change: driver's license, marriage license, divorce decree, other documentation to support the change
For address change: driver's license, utility bill, state issued ID card, envelope received with new address

Previous Last Name	New Last Name
Previous Address	New Address
Street Address (Required)	Street Address (Required)
PO Box	PO Box
City, State, ZIP	City, State, ZIP
Telephone No.	Telephone No.
Cell Phone No.	Cell Phone No.

Authorization

I hereby acknowledge that the information I have provided is correct and that I am authorized to amend the information for the account(s) listed above.

Account Holder Signature

Date

Griffith Institute Employees Federal Credit Union reserves the right to require additional information. Address/Name Change Forms that are submitted without the requested documentation will be returned to you unprocessed.

Credit Union Use Only

Name Change Received : In Person Mail

Supporting Documentation (attach copy): Marriage License Driver's License Other Legal Documentation

Address Change Received: In Person Mail (If by mail, attach supporting documentation)

Date Update was Made in CSS: _____

Staff Member Making Update: _____