

# Personal Information Update



**Form Instructions:**

- 1 – Complete all applicable fields
- 2 – Print completed form
- 3 – Sign and date the Signature section

**4 – Mail to:**

Delta Community Credit Union  
ATTN: Deposit Services  
P.O. Box 20541, Atlanta, GA 30320-2541  
or Fax to: 404-677-4802

**You can now update your address online. Go to [DeltaCommunityCU.com](http://DeltaCommunityCU.com), log in to Online Banking, select the Account Management tab and choose Update Personal Information.**

## Member Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Delta Community Account Number

## Update Options

I would like to complete a:       Name Change       Address Change       Email Address Change

### Name Change

\_\_\_\_\_  
Old Name

\_\_\_\_\_  
New Name

\_\_\_\_\_  
Old Signature

\_\_\_\_\_  
New Signature

I have attached a copy of the legal document proving my name was changed and I have included an updated copy of a non-expired government or state-issued ID. (Required).

I understand that by submitting a Name Change request, I will be issued new cards for my Delta Community account(s) which must be activated within two weeks of receipt. This Name Change Request will also update my name on any account(s) on which I am Joint. (Required).

### Address Change

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Work

\_\_\_\_\_  
Mobile

\_\_\_\_\_  
Email

### Signature

By signing below, I authorize Delta Community Credit Union to process the information I have indicated above with the updated information I have supplied. By providing a mobile telephone number, I agree Delta Community may contact me by telephone or text message at any telephone number(s) associated with my membership pursuant to the terms and conditions of the Member/Savings Services Disclosures and Agreements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date