## **Business Information Update**



Form Instructions:

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

4 — Print and mail the completed form to: Delta Community Credit Union, ATTN: Deposit Services
PO Box 20541, Atlanta, GA 30320-2541 or Fax to 404-677-8769

You can now update your address online. Go to <u>DeltaCommunityCU.com</u>, log in to Online Banking, select the Account Management tab and choose Update Personal Information.

## **Business Information**

		Delta Community Account	Number		
Update Options					
I would like to complete a:	Business Name Change Business Phone Number Change Authorized Signer Name Change Authorized Signer Phone Number Change		Business Add	Business Address Change Email Address Change Authorized Signer Address Change	
			Email Address		
			Authorized Sig		
Name Change					
Did Name		New Name	New Name		
Old Signature	New Signati	New Signature			
I have attached a copy of	the legal documer	nt proving my name was change	ed. (Required)		
I understand as part of the	e name change red	nt proving my name was chang quest, I will receive a card with uest will change my name to an	my new name. This card		
I understand as part of the weeks upon receipt. This	e name change requiname change requ	quest, I will receive a card with uest will change my name to an	my new name. This card		
I understand as part of the weeks upon receipt. This Address / Phone Number / E	e name change requiname change requ	quest, I will receive a card with uest will change my name to an ange	my new name. This card		
I understand as part of the	e name change required name change required to the second se	quest, I will receive a card with uest will change my name to an ange	my new name. This card y Business account(s) to	which I am joint. (Required	
I understand as part of the weeks upon receipt. This Address / Phone Number / E Street Address	e name change required name change required for the second	quest, I will receive a card with uest will change my name to an ange ty	my new name. This card y Business account(s) to State	which I am joint. (Required	

Authorized Signer Signature

Today's Date

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P.O. Box 20541, Atlanta, GA 30320 Telephone: (404) 715-4725 Toll-Free: (800) 544-3328 Web: DeltaCommunityCU.com