

## Personal Information Update

<p><b>Form Instructions</b></p> <p>1 – Complete all applicable fields          2 – Print completed form          3 – Sign and date the <b>Signature</b> section</p>	<p>4 – Mail to:          Delta Community Credit Union          P.O. Box 20541          Atlanta, GA 30320-2541</p>
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You can now update your address online. Go to [www.DeltaCommunityCU.com](http://www.DeltaCommunityCU.com), log in to Online Banking, click on the **Member Service** tab, and from the **Account Tools and Services** menu select the **My Information** option.

### Member Information

Member Name \_\_\_\_\_ Delta Community CU Account Number \_\_\_\_\_ Email Address \_\_\_\_\_

### Update Options

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

#### Name Change

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

Signature \_\_\_\_\_ Signature \_\_\_\_\_

I have attached a copy of the legal document proving my name was changed **(Required)**.

I understand as part of the Name Change request, I will receive a card with my new name. This card must be activated within two weeks upon receipt. This name change request will change my name to any account(s) to which I am joint. **(Required)**.

#### Address Change

New Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Dept./Base (if applicable) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Home Telephone Work Mobile

### 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.

Member Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

