



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
P.O. Box 20541
Atlanta, GA 30320-2541

Or Fax to:
404-677-4802 or 404-762-8643

You can now update your address online. Go to 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. 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.

Member Signature _____ Today's Date _____