



Canal Ponds Business Park
 100 Marina Drive
 Rochester, New York 14626
 Telephone (585) 453-7000
 summitfcu.org

Member Information Change Form

Effective Date: ____ / ____ / ____

Member's Name: _____ Account #: _____

Bill Payer Yes No Mortgage Yes No IRA Yes No

HSA: Yes No

| NAME CHANGE | |
|---|--|
| <u>A copy of the NEW Social Security card is required for all name changes.</u> | |
| Previous Name _____ First Name MI Last Name | New Name _____ First Name MI Last Name |
| ADDRESS CHANGE | |
| Previous Address _____ House #, Street Name, or P.O. Box _____ _____ City, State, Zip Code Home Phone #: () _____ Email Address: _____ Work Phone #: () _____ Mobile Phone #: () _____ Employer: _____ | New Address _____ House #, Street Name, or P.O. Box _____ _____ City, State, Zip Code Home Phone #: () _____ Email Address: _____ Work Phone #: () _____ Mobile Phone #: () _____ Employer: _____ |
| Member Signature: _____ Date: _____ | |
| For Internal Use Member's ID: _____ Verification performed by _____ on _____ | |