



Canal Ponds Business Park  
 100 Marina Drive • Rochester, New York 14626  
 (585) 453-7000 • (800) 836-7328  
 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

<b>Name Change</b>	
<b>All name changes require a photocopy of the NEW Social Security card</b>	
<p><b>Previous Name</b></p> <p>_____</p> <p style="text-align: center; font-size: small;">First Name                      MI                      Last Name</p>	<p><b>New Name</b></p> <p>_____</p> <p style="text-align: center; font-size: small;">First Name                      MI                      Last Name</p>
<b>Address, Email or Phone number Change</b>	
<p><b>Previous Address</b></p> <p>_____</p> <p>House #, Street Name, or P.O. Box</p> <p>_____</p> <p>_____</p> <p style="text-align: center; font-size: small;">City                                      State                      Zip Code</p> <p>Email Address: _____</p> <p>Work Phone #: _____</p> <p>Contact Phone #: _____</p> <p>Employer: _____</p>	<p><b>New Address</b></p> <p>_____</p> <p>House #, Street Name</p> <p>_____</p> <p>_____</p> <p style="text-align: center; font-size: small;">City                                      State                      Zip Code</p> <p>Email Address: _____</p> <p>Work Phone #: _____</p> <p>Contact Phone #: _____</p> <p>Employer: _____</p>
<p>Member Signature: _____                      Date: _____</p>	