



INDUSTRIAL FEDERAL CREDIT UNION

IFCU ACCOUNT UPDATE FORM.

Please fill out this form completely.

ACCOUNT #: _____

TELLER #: _____

NAME: _____

Please provide your mailing address.

ADDRESS: _____

P.O. BOX: _____

CITY: _____

STATE: _____

ZIP: _____

BUSINESS PHONE #: _____ HOME PHONE #: _____ CELL PHONE #: _____

Primary E-MAIL: _____ ALT. E-MAIL: _____

WOULD YOU LIKE ALL OF YOUR ACCOUNTS CHANGED? (PLEASE, CIRCLE ONE) YES NO

EFFECTIVE DATE FOR CHANGE: _____ SIGNATURE: _____

PLEASE FILL OUT THIS FORM COMPLETELY AND RETURN IT TO YOUR LOCAL IFCU MEMBER CENTER.
We will not accept an incomplete form, nor will we accept a change of address over the phone.