

Member Name & Contact Information (Please Print Clearly)			
Former Name: Last Name	First	Middle	Social Security Number
			My Preferred Contact Method Is <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Paper Mail
New Name: Last Name	First	Middle	Cell Phone # (Include Area Code)
Physical Address (No PO Box)			Apt/Unit #
			Work Phone # (Include Area Code)
City	State	Zip	Home Phone # (Include Area Code)
Mailing Address (if different from Home Address – Include City, State & Zip)			My Preferred Phone Number Is <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
Home E-mail Address	Work E-mail Address		My Preferred E-mail Is <input type="checkbox"/> Home <input type="checkbox"/> Work

Account Numbers	
List ALL account numbers with your name as a primary or joint owner.	
Account #	Account #
Account #	Account #

Debit & Credit Cards (Available only for <i>current card holders</i>)	Check Order
<input type="checkbox"/> Debit Card <input type="checkbox"/> HSA Debit Card <input type="checkbox"/> Classic MasterCard <input type="checkbox"/> Gold MasterCard <input type="checkbox"/> Platinum MasterCard <input type="checkbox"/> Do NOT process this application for a debit card or credit card	<input type="checkbox"/> Yes – Order one box of standard RiverLand checks* <input type="checkbox"/> No – I do not want checks at this time <small>*Cost of checks will be charged to your checking account and checks will not be ordered if funds are not available. Call for current pricing.</small>

Notice to Member
The joint owners on your account remain the same. If you would like to add or remove joint owners, additional forms and/or documentation are necessary.

Signatures	
x _____ <i>Former Signature</i>	x _____ <i>Date</i>
x _____ <i>New Signature</i>	x _____ <i>Date</i>

Account Update Requirements
Valid ID: 1) Valid driver's license or state issued ID. Must reflect your new name.

RiverLand Federal Credit Union Use Only			
Date _____	Changed By _____	Branch Location _____	Verified By _____
Confirmation Letter/Membership Cards Presented By _____		Name Change Comment Added By _____	
		IRA/HSA Changed By _____	
Check Order Date _____	Debit Order Date _____	Credit Card Order Date _____	HSA Card Order Date _____