



## Member Information Change Form

Member Name: \_\_\_\_\_ Member Numbers: \_\_\_\_\_  
 \_\_\_\_\_

**Primary Member Address:**

\_\_\_\_\_ **Primary Cell Phone:** \_\_\_\_\_  
 \_\_\_\_\_ **Primary Home Phone:** \_\_\_\_\_

**Primary Email:** \_\_\_\_\_

**Joint Member Address:**

\_\_\_\_\_ **Joint Cell Phone:** \_\_\_\_\_  
 \_\_\_\_\_ **Joint Home Phone:** \_\_\_\_\_

**Joint Email:** \_\_\_\_\_

**Note: If NOT signed in the presence of a Thrive Credit Union employee the signature must be notarized.**

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) SS:  
 COUNTY OF \_\_\_\_\_ )

Before me, a Notary Public in and for said County and State, personally appeared \_\_\_\_\_ of legal age, who acknowledges the execution of this document, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this \_\_\_\_ day of \_\_\_\_\_ 20\_\_

My Commission Expires \_\_\_\_\_ Signature: \_\_\_\_\_  
 Resident of \_\_\_\_\_ County, State Of \_\_\_\_\_ Printed Name: \_\_\_\_\_

**For financial institution use only:**

Request Received by: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_ Visa/ATM/Debit (Carolyn) \_\_\_\_\_ Checking (Front Line Supervisor) \_\_\_\_\_ IRA (Braden)

**Please send original to Heather.**