



## Member Information Change Form

Member Name: \_\_\_\_\_ Member Account Number: \_\_\_\_\_

Old Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

\_\_\_\_\_ Home Phone Number: \_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_

<b>For financial institution use only:</b>	
Request Received by:	_____
Date:	_____ Time: _____

\_\_\_\_\_ ATM (Carolyn)    \_\_\_\_\_ Visa (Sallie)    \_\_\_\_\_ Checking (Brandi/Donna)    \_\_\_\_\_ IRA (Braden)