



INFORMATION UPDATE FORM

Address/Email/Phone numbers

It is important that we receive the completed form with your signature to make the necessary changes. Please complete entire form. Return to:

Keystone UMFCU
PO Box 2088
Cranberry Twp., PA 16066

Or fax to 724-776-1377

Account(s) # \_\_\_\_\_

Please check all services you currently have with KUMFCU:

Share, Share Draft, Debit Card, Visa Card, HSA, IRA, CD, Loan(s)

Member Name: \_\_\_\_\_ Joint Mbr on Acct: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary

Joint

Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Additional #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Additional #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_

Email address \_\_\_\_\_

Effective Date for Changes: \_\_\_\_\_

By signing below, I agree to update all accounts/loans/CD's/Visa cards/Debit cards/and all additional products I have with Keystone United Methodist Federal Credit Union for all communications, collections, security updates, breach notices and other important information. This information will replace previous information provided to the credit union.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For Internal Use Only: Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Products updated: Share \_\_\_\_\_ Share Draft \_\_\_\_\_ Visa Cards \_\_\_\_\_ Debit Card \_\_\_\_\_

Loan Documents \_\_\_\_\_ HSA/IRA \_\_\_\_\_ CD's \_\_\_\_\_