

Completed form may be returned to a Soo Co-op Credit Union Branch, faxed to 906.632.6631 or mailed to:

Soo Co-op Credit Union 4489 I-75 Business Spur, Sault Ste. Marie, MI 49783

## PLEASE TYPE OR PRINT CLEARLY

Name:		Primary account #		
Last 4 digits of SSN				
Additional account numb	oers affected			
Physical address:				
City:		State: _	Zip:	
Mailing address:			PO Box	
(If different from physical a City	ddress)	State _	Zip	
Do you want statements	mailed  or emailed ?			
When will this change be	e effective?			
Is this a permanent	or seasonal change  ?			
_	the following individuals on the			
Home phone:  Work phone:  Cell phone:  Email:				
Do you have a(n):   D	Debit Card Usa IRA	HSA		
SIGNATURE			DATE	
	CREDIT UNION USE ONL	.Υ	Employee number	Date
	Signature verified			:
	Address updated			
	Verify address change			
	Account flag removed			
	Update Mail Code			,
	Address Verify Date Changed			
	Per phone request			
	Info used to verify phone reques	t		