



**UNIFY**  
FINANCIAL CREDIT UNION

RETURN TO:  
UNIFY Financial Credit Union  
ATTN: OSC Representative  
PO Box 10018  
Manhattan Beach, CA 90267-7518  
Fax: 310-381-2315

**Member Data Change  
Request Form**  
PLEASE PRINT

<b>MEMBER #:</b>	<b>MEMBER NAME:</b>
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**ADDRESS CHANGE** Please complete the information below.

NEW ADDRESS (Please provide a physical address, no P.O. Boxes will be accepted)

Street \_\_\_\_\_

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

MAILING ADDRESS (If different than physical address)

Street \_\_\_\_\_

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

**PHONE NUMBER CHANGE** Please complete the information below.

**NEW**

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

**EMAIL CHANGE** Please complete the information below.

Existing Email: \_\_\_\_\_

New Email: \_\_\_\_\_

For your security, a Credit Union representative may contact you prior to processing the requested changes.

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

**INTERNAL USE ONLY**

Request Method: FAX: <input type="checkbox"/>		MAIL: <input type="checkbox"/>	PHONE: <input type="checkbox"/>	IN PERSON: <input type="checkbox"/>
Department:	ID Information:	User #:	Date:	
OSC Specialist:		User #:	Date:	
OSC Verification:	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>		