



UNIFY
FINANCIAL CREDIT UNION

RETURN TO:
UNIFY Financial Credit Union
ATTN: OSC Representative
PO Box 10018
Manhattan Beach, CA 90267-7518
Fax: 310.381.2321

**Member Data Change
Request Form**
PLEASE PRINT



MEMBER#:	MEMBER NAME:
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DO YOU CURRENTLY PARTICIPATE IN ONLINE BILL PAY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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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 CHANGER Please complete the information below.

NEW:
HOME:
WORK:
CELL:

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"/>		