



NORTHEASTERN UNIVERSITY FEDERAL CREDIT UNION

PERSONAL DATA CHANGE FORM

* Name: _____

* Member Number: _____

* Effective Date: _____

Name Change (Marriage Certificate/Court Document Required)

Prior Name: _____

Address Change

Prior Address: _____

City _____ State _____ ZIP _____

New Address: _____

City _____ State _____ ZIP _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

e-mail: _____

* Signature: _____

*Required

*****FOR OFFICE USE ONLY*****

___ Updated in Tru Teller

___ ACH update

___ Updated in Client Central

___ Order New Checks (if applicable)

___ Updated for Online Banking and Bill Pay

Completed By _____ on _____