



NY TEAM Federal Credit Union  
 65 Broadway  
 Hicksville, NY 11801  
 (516) 822-1070  
 Fax: (516) 822-2478

## Notification of Change

[www.nyteamfcu.org](http://www.nyteamfcu.org)

**Account #:** \_\_\_\_\_

Teller #: \_\_\_\_\_

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

### Member's Information

Primary Member: \_\_\_\_\_

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

Joint Member: \_\_\_\_\_

Phone #: \_\_\_\_\_

Social Security: \_\_\_\_\_

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

### Notification of Change

**Home Address:**

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

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

**Mailing Address:**

(if different from above)

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

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

**Phone Number:**

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

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

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

**Name Change:**

Previous Name: \_\_\_\_\_

New Name: \_\_\_\_\_

Documentation: Government Issued Photo Identification

Initials: \_\_\_\_\_

Marriage Certificate

*\*Please provide a copy of the documentation used. Please sign new signature below.*

### Member Authorization

\_\_\_\_\_

Primary Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Joint Signature

\_\_\_\_\_

Date