

P.O. Box 1300 Fairfax, VA 22038 703-218-9900 NextMarkCU.org

## **Change of Personal Information**

To protect your account(s), we require written authorization from you to change any personal identification information associated with your membership. Please take a moment to provide us with the following information.

ember Name: Member Number:			
Please check <u>ALL</u> that you would like to update and	d complete the relevant sections	s below:	
Physical Address (No P.O. Boxes)	Phone Number		
Mailing Address	Email Address		
Are these changes for all owners on the accounts? If not, please specify whom	YES NO		
Address Change			
New Physical Address: Street (No P.O. Box)	City	State	Zip
New Mailing* Address:			
Street/P.O. Box/APO, FPO	City	State	Zip
*Includes seasonal or military addresses			
Phone Number Change	Email Address Chang	e	
Mobile:	New Email Address:		
Home:			
Work:			
	J		
Member's Signature:	Date:		
For Staff Only			
How was the change requested: Mail In P	erson Phone Em	ail/Fax	
Update Completed By:	Date:		