



202 Taughannock Blvd.
Ste. 1B
Ithaca, NY 14850
Phone: 607-272-8567
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MEMBER CHANGE INFORMATION

Date: _____ Effective date of change: _____

Account Number(s) _____ Member Name: _____

Account Number(s) _____ Member Name: _____

- Document used to verify: NYS Valid DL School Photo ID Military/Government issued ID
 Birth Certificate and one other form
 Social Security Card and one other form
 Marriage Certificate
 Other _____

Reason for Change Request:

Name Change New Name: _____

Address Change New Address _____

Phone number change or add Phone number(s) to have on system:
Cell- _____
Work- _____
Home- _____

Email change or add Email to have on system: _____

Employer change or add Employer: _____

I authorize TEFCU to make the above requested changes to my contact information effective immediately.

Member Signature: _____ Date: _____

FOR TEFCU USE ONLY:

Request made: In Person Email US Mail Phone (Proper verification performed)

Does member have ATM/Debit Card: YES NO LAST FOUR OF DEBIT/ATM CARD _____

Does member have TEFCU Credit Card: YES NO LAST FOUR OF TEFCU Credit Card Number _____

Info Changed on Cubics Plus

Info changed for ATM/Debit Card (Client Central)

Info changed for Credit Card (Client Link)

Employee making change: _____