

Account Number(s): _____

Account Holder Name(s): _____

Old Address Information:

Street: _____

City/State/Zip: _____

New Address Information:

Street: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____ Cell Phone: _____

Authorized by: _____ **Date:** _____

Accountholder Signature

Return to: Interra Credit Union
Attn: Member Service
P.O. Box 727
Goshen, IN 46527-0727

FOR CREDIT UNION USE ONLY

VISA Yes No (*If VISA is a YES then make a copy and send it to the Visa Department.*)

Date Signature Verified: _____ Verified By: _____

Known: _____ ID/DL#: _____ Signature Card: _____

Other: _____

FM Date: _____ FM Performed By: _____

FM Verified By: _____ Date: _____