



## CONTACT INFORMATION CHANGE REQUEST

Submit a completed form AND a copy of your current photo identification at any CEFCU branch, fax to (818)949-0114 or mail to: CEFCU, PO Box 11001, La Cañada Flintridge, CA 91012-6001.

*Changes are also accepted directly via eBranch or the CEFCU mobile app*

I am requesting to update the following information on these account(s):

PRIMARY MEMBER	JOINT OWNER / CO-BORROWER / BENEFICIARY
Name: _____	Name: _____
<input type="checkbox"/> Mailing Address <div><div></div><div></div><div></div></div>	<input type="checkbox"/> Mailing Address <input type="checkbox"/> same as Primary Member <div><div></div><div></div><div></div></div>
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email address: _____	Email address: _____

**If the Primary member's mailing address is a P.O. Box, a Physical Address is required:**

Street	City	State	Zip Code
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### Signature (Required)

	Date
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### FOR CU USE ONLY

Verify at least two (2) of the following identifiers:

#### IDENTIFICATION TYPE

- ☐ State ID/Driver's License
- ☐ JPL Badge/CIT ID
- ☐ Passport

#### KNOWN

- ☐ Last 4 Digits of SSN
- ☐ Signature Card
- ☐ Other \_\_\_\_\_

**Received:** ☐ In person ☐ Mail ☐ Fax ☐ Email

**Verified by:** \_\_\_\_\_

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