

Contact Information/Address Update Request



Rev. 11/28/18

Member Number: _____

Please provide contact information for EACH MEMBER on account:

Member Name: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Number: _____ Email: _____

Member Name: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Number: _____ Email: _____

Member Name: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Number: _____ Email: _____

Please provide account OLD ADDRESS:

Address: _____

City: _____ State: _____ Zip: _____

Please provide account NEW ADDRESS:

Address: _____

City: _____ State: _____ Zip: _____

Please complete the form and return it to Genisys Credit Union:

- Please print this form and fill out all applicable areas
- After completing and signing the form please return to credit union
- Request can be mailed or faxed to us

Fax to: (248) 322-6512 Attn: Special Account Services

Mail to: **Genisys Credit Union**
Attn: Special Account Services
PO Box 436034
Pontiac, MI 48343-6034

In Person at your local branch location

****** Only Authorized signers on account are permitted to request an address change ******

Signature: _____ Date: _____