



Account Contact Information Change.

LGE USE ONLY	
Teller # _____	_____
Initials _____	Date _____

At LGE Community Credit Union, the security of your account information is of the utmost importance to us. To minimize fraud risk, protect your account(s), and avoid a bad address fee, please take a moment to complete this form and return it to the credit union. Once we have received the completed form, we will be happy to update your records in our system.

Simply complete all areas of this form and sign where indicated. Current joint members/trustees should provide physical street address information in compliance with the Patriot Act.

This form cannot be used to add joint members/trustees.

PLEASE PRINT

PRIMARY MEMBER/TRUST—
Please complete the following:

Member/Trust Name: _____

NEW CONTACT INFORMATION—

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Mailing address (used for all LGE correspondence):

Address: _____

City: _____

State: _____ Zip: _____

PER THE PATRIOT ACT, if you list a P.O. Box for your mailing address, you must also provide a street address:

Address: _____

City: _____

State: _____ Zip: _____

OLD ADDRESS—

Address: _____

City: _____

State: _____ Zip: _____

PLEASE PRINT

JOINT MEMBER/TRUSTEE:

PER THE PATRIOT ACT, a street address is required for all joint members/trustees:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

ADDITIONAL JOINT MEMBER/TRUSTEE:

PER THE PATRIOT ACT, a street address is required for all joint members/trustees:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

ADDITIONAL JOINT MEMBER/TRUSTEE:

PER THE PATRIOT ACT, a street address is required for all joint members/trustees:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

List All LGE Account #'s Affected:

**All information must be completed. Please sign below and return to:
LGE Community Credit Union, P.O. Box 1188, Marietta, GA 30061**

Signature: _____ Date _____