



An educated choice

## CHANGE OF MEMBER INFORMATION FORM

Please print all information.

Dear TVTFCU,

I am informing you of a change in my personal information.

Account# \_\_\_\_\_

**NEW ADDRESS**

\_\_\_\_\_ STREET

\_\_\_\_\_ CITY STATE ZIP CODE

**NEW PHONE NUMBER**

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell \_\_\_\_\_

**NEW EMAIL** \_\_\_\_\_

**IN ADDITION TO THIS FORM YOU MUST SUBMIT A DRIVER'S LICENSE OR GOVERNMENT ISSUED ID TO VERIFY YOUR IDENTITY. YOU CAN SEND A COPY TO US BY EMAIL: MSR@TVTFCU.ORG, BY FAX: 860-253-4785, OR BY MAIL.**

\_\_\_\_\_ MEMBER NAME (Please Print Clearly)

\_\_\_\_\_ MEMBER NAME SIGNATURE DATE

**FOR CREDIT UNION USE ONLY:**

\_\_\_ Virtual Branch \_\_\_ Health Savings Account (HSA) \_\_\_ Online Bill Pay \_\_\_ Debit Card

\_\_\_ Visa Credit Card \_\_\_ CUSA \_\_\_ Loan Department \_\_\_ Moody's

P 860-253-4780  
P 800-749-8305  
F 860-253-4785

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