



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

P 860-253-4780

P 800-749-8305

F 860-253-4785

182 South Road
Enfield, CT 06082

www.tvtfcu.org

