

Personal Information & Change of Address Form



MISSISSIPPI FEDERAL
CREDIT UNION

P.O. Box 55889 • Jackson, MS 39296
PH: 601-351-9200 • TF: 800-643-1567 • msfcu.us

This section required to be completed for all requests:

Member Name _____ Member Account Number _____ SSN or ITIN _____

Member's Preferred Contact Method: Email Home Phone Mobile Phone Other: _____

ACCOUNT INFORMATION

I would like to update the following information on my Mississippi Federal Credit Union Account(s):

Member name change. (Please provide a copy of your marriage certificate, divorce decree, government issued driver's license/picture ID or court ordered name change)

Previous Name (Name currently on file with us):

First Name _____ Middle Name _____ Last Name _____

New Name:

First Name _____ Middle Name _____ Last Name _____

New SSN or ITIN: _____
(Please provide a copy of new social security or ITIN card)

New Email Address _____

New Home Phone _____

New Mobile Phone _____

New Work Phone _____

New Employer _____ **Address:** _____

Change of Address (This change of address will be made to all of your associated accounts with the member number provided above. A separate form must be submitted for each account that you are a Joint Owner on)

Primary / Physical Address Secondary Address / Mailing Address Joint Owner Address

Previous Address (Address currently on file with us):

Street Address (include unit #) _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

New Address:

Street Address (include unit #) (No P.O. Box if primary address) _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Member Signature Required:

Member Signature _____ Date _____

Mississippi Federal Credit Union use only:
MSFCU Teller # _____ Branch # _____ Date _____
Episys Update _____ ATM and/or Debit Card Update _____