

Brown County Employee Credit Union  
Account Information Change Request Form

Member # \_\_\_\_\_

Name of Account Owner: \_\_\_\_\_  
Last First Middle

Social Security/Identification Number: \_\_\_\_\_

Name of Joint Owner: \_\_\_\_\_  
Last First Middle

Social Security/Identification Number: \_\_\_\_\_

I (we) hereby request that Brown County Employee Credit Union change my (our) account information, as described on this Account Information Change Request form on the following account(s): \_\_\_\_\_

Old Address: \_\_\_\_\_  
City State Zip code

New Address: \_\_\_\_\_  
City State Zip code

Old Name: \_\_\_\_\_

New Name\*: \_\_\_\_\_

- Name change due to change of marital status or adoption.

Old Phone Number: \_\_\_\_\_ New Phone Number: \_\_\_\_\_

Old Employer: \_\_\_\_\_

New Employer: \_\_\_\_\_

Old ID#: \_\_\_\_\_ New ID#: \_\_\_\_\_

X \_\_\_\_\_  
\*\* Signature of Account Owner Date

X \_\_\_\_\_  
\*\* Signature of Joint Account Owner Date

\*\* Only an Account Owner whose information is changed on this form must sign it.

Fill out form and mail to:  
Brown County Employees Credit Union  
512 E. Walnut St .  
Green Bay , WI 54301