

**BROWN COUNTY EMPLOYEES 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

**I (we) hereby request that BROWN COUNTY EMPLOYEES 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  divorce  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

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

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