



WALKER COUNTY FEDERAL CREDIT UNION

Member Service Action Form

**Member Information:**

Member Name                      Account #                      SSN                      Cell Phone #                      Date

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**CHANGE OF ADDRESS:**

CHANGE DEBIT/ATM CARD ADDRESS

CHANGEMASTER CARD ADDRESS

NEW ADDRESS

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NEW PHONE NUMBER

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NEW WORK NUMBER

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**CHECK ORDER INFORMATION:**

NAME & ADDRESS TO BE IMPRINTED ON CHECKS

NUMBER OF BOXES

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SHIP TO CREDIT UNION

SENIOR ACCOUNT 55+   
(ONE BOX PER QUARTER)

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

EMPLOYEE REQUESTING \_\_\_\_\_ DATE \_\_\_\_\_

EMPLOYEE PROCESSED \_\_\_\_\_ DATE \_\_\_\_\_

**NOTES:**
