



225 Riverside Street Portland, ME 04103
(207) 221-5000 or (800) 628-1115

Change of Contact Information Form

Account# _____

Account Name: _____

Last Four of SSN: _____

Information to Update

Physical Address: _____
City: _____ **State:** _____ **Zip:** _____

Same as Physical

Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____

Employer: _____ **Occupation:** _____

E-mail Address: _____
Home Phone Number: _____
Work Phone Number: _____
Mobile Phone Number: _____

Preferred Contact Method: _____

By signing below, I understand these terms and request the Credit Union apply these changes to my personal profile across all accounts that I am an owner or signer of. I understand that my signature will be compared to Credit Union's records and other verification may be required to process these changes.

<i>Signature</i>	<i>Date Signed</i>
X	

Notary: You may attach your own acknowledgement form if the language below does not meet your State requirement.

State of _____

County of _____

Subscribed and sworn to before me on the _____ day of _____, 20____, the undersigned, a Notary Public in and for said State, personally appeared _____ proved to me on the basis of satisfactory evidence/to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the forgoing paragraph is true and correct.

WITNESS my hand and official seal

Notary Public Signature

Notary Public Name (Typed or Printed)

My Commission Expires

Notary Seal

INSTRUCTIONS

Please complete this form in its entirety regardless of whether the information being provided is a change. This will ensure that all the information on file is up to date. If this form is signed outside the presence of an Evergreen CU employee, you are required to have your signature notarized.

Upon completion, please mail to the address indicated below.

MAILING INSTRUCTIONS

Send all completed forms to:

Evergreen Credit Union
Attn: Deposit Operations
P.O. Box 1038
Portland, ME 04104 – 1038

Evergreen Credit Union Use Only

Date Received

Completed By