

3730 W. 13th St.  
Wichita, KS 67203  
Phone: 316.941.0600  
Fax: 316.941.0645



## Account Maintenance Change Form

Member Name(s) \_\_\_\_\_

Account Number(s) \_\_\_\_\_

**Address / Contact Information:**

**Previous Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**New Address (if PO Box, must also confirm street address):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone Number(s):**

Home: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work: \_\_\_\_\_

Other: \_\_\_\_\_

**New eMail Address:** \_\_\_\_\_

**Misc. Request / Change:** \_\_\_\_\_

In accordance with Wichita Federal Credit Union's call-back procedures, all replacement phone number requests submitted by fax, mail, e-mail, or night-drop, will be subject to a 30 day waiting period for Funds Transfer requests. Funds Transfer or Wire Transfer requests made by Phone, Fax, or E-Mail may require a call-back to a secure telephone number, which must be received at least 30 days prior to the receipt of the transfer request. Address changes not done in-office may delay the issuance of additional or replacement credit or debit cards if such a request is received within 30 days after receiving notification of a change of address for that account.

By signing this Account Maintenance Change Form, I authorize the credit union to change the contact information on my account(s).

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**Member's Signature**

~OR~  Administrative Change Description: \_\_\_\_\_

**Credit Union Use Only**

Form completed:

- In Person (Member's ID/Signature Card Verified)  
 Fax / Mail / Night Drop (Member's Signature Card Verified)

- Related Products Affected:  VISA Credit Card  
 IRA Account(s)  
 Bill Pay

Updated By: \_\_\_\_\_

Date Updated \_\_\_\_\_

1/28/21