



Account Maintenance Change Form

3730 W. 13th St.
Wichita, KS 67203
(316) 941-0600
Fax: 316-941-0645

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: _____ Work: _____

Cellular: _____

Other: _____

New E-Mail 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).

Member's Signature _____

~OR~ Administrative Change Description: _____

Credit Union Use Only Form completed:	<input type="checkbox"/> In Person (Member's ID/Signature Card Verified)		
	<input type="checkbox"/> Fax / Mail / Night Drop (Member's Signature Card Verified)		
	Related Products Affected: <input type="checkbox"/> VISA Credit	Updated By: _____	Date: _____
	<input type="checkbox"/> IRA Account(s)	_____ Updated _____	By: _____
<input type="checkbox"/> Bill Pay	Updated By: _____	Date: _____	

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