


NORTHWEST CHRISTIAN
CREDIT UNION

REQUEST FOR ACCOUNT STATUS CHANGE

Date _____

Primary Member Name _____

Account Number _____ please include all account number(s) this request applies to

CHANGE REQUESTED Address Change Name Change Close This Account

Reason if Closing Account: _____

PLEASE NOTE: For a Name Change you must include a copy of your new "Driver's License / Govt. ID Card" or "Marriage Certificate/Court Issued Document."

OLD NAME _____

NEW NAME _____

OLD ADDRESS

NEW ADDRESS

Address 1 _____

Address 1 _____

Address 2 _____

Address 2 _____

City, State, Zip _____

City, State, Zip _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

Email _____

Email _____

X _____
Signature of Primary Member Date

**PLEASE NOTE: To protect you from identity theft and fraud, this form must be signed and mailed to:
Northwest Christian Credit Union – ATTN: Member Services – 716 E Colorado Ave – Nampa, ID 83686**

For Office Use Only: Processed by: _____ Date received _____
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