

491 Raritan Street, Sayreville, NJ 08872 93 Main Street, South River, NJ 08882 Phone: (732)727-3500 Fax: (732)727-2527 E-Mail: MemberServices@RaritanBayFCU.org

ACCOUNT INFORMATION CHANGE FORM

Account Number(s)			(Include Minor Accounts)
Name(s)			
	•	F ADDRESS/PHONE/E-M f of address may be required.	IAIL:
New Address			
*Does addres	s change apply to a Joi	nt Owner as well? (Circle) Y	es / No
Phone Number			
E-Mail Address			
		HANGE OF NAME: al Security Card & Government I	ssued ID
Maiden/Previous N	ame		
Name To Be Chang	ed To		
DO YOU HAVE AN	NY OF THE FOLLO	DWING ? (Check all that apply)	
Checks	Loan(s)	Visa Credit Card	_
Debit Card(s)	IRA(s)	_	
Online Banking	EZ Pay	_	Notary Seal/Stamp
MEMBER SIGNATURE:*Must be signed in front of an RBFCU Employee or can be Notarized &			
*Must be signed in fro			
	FOR CREDIT UNIO	ON USE ONLY – Check off all	that apply.
Updated By (Print Full Name) Made necessary changes in Reliance			Date:
•	nges in Renance nges in InterAct (Online	Bankino)	
-	nges in Partner Care (EZ		
-	nges in Ascensus (IRA's)	• •	
	nges in Client-Central (D		
-		d Clarke (Check Re-Orders)	
	sa Credit Card Departme	ent	
Forward copy to Lo			
Fax copy to Branc	h that account is coded	d for (Main - Frst - SRiv - Ind	r)