



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) \_\_\_\_\_

CHANGE OF ADDRESS/PHONE/E-MAIL:

Proof of address may be required.

New Address \_\_\_\_\_

\*Does address change apply to a Joint Owner as well? (Circle) Yes / No

Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

CHANGE OF NAME:

Need Updated Social Security Card & Government Issued ID

Maiden/Previous Name \_\_\_\_\_

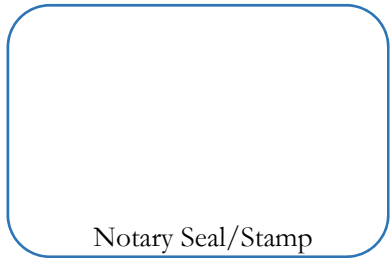
Name To Be Changed To \_\_\_\_\_

DO YOU HAVE ANY OF THE FOLLOWING? (Check all that apply)

Checks \_\_\_\_\_ Loan(s) \_\_\_\_\_ Visa Credit Card \_\_\_\_\_

Debit Card(s) \_\_\_\_\_ IRA(s) \_\_\_\_\_

Online Banking \_\_\_\_\_ EZ Pay \_\_\_\_\_



MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*Must be signed in front of an RBFCU Employee or can be Notarized & e-mailed or mailed to a Branch.

FOR CREDIT UNION USE ONLY - Check off all that apply.

Updated By (Print Full Name) \_\_\_\_\_ Date: \_\_\_\_\_

- \_\_\_ Made necessary changes in Portico
\_\_\_ Made necessary changes in Partner Care (EZ Pay)
\_\_\_ Made necessary changes in Ascensus (IRA's)
\_\_\_ Made necessary changes in Main St / Harland Clarke (Check Re-Orders)
\_\_\_ Forward copy to Visa Credit Card Department
\_\_\_ Forward copy to Loan Department
\_\_\_ Fax copy to Branch that account is coded for ( Main - SRiv - Indr )