



Complete Form and Return:

Fax to: 815-838-5581
 Mail to: Canals & Trails Credit Union
 Attn: Members Services Dept.
 838 S. State St
 Lockport IL 60441
 Email to: info@canals-trailscu.org
 Stop by the Credit Union

Change of Address & Other Contact Information

I would like to update the following information on my Canals & Trails Credit Union Member/Account(s):

Name* _____ Member/Account# _____

*Member name change requires completion of a new membership card and the required documents. Complete the new [membership card](#). Please include a copy of your marriage certificate, divorce decree, government-issued ID, or court-ordered name change. No changes will be made without a valid signature and the required documents.

Previous Information:		New Information:	
Address		Address	
City		City	
State	Zip	State	Zip
Home#		Home#	
Work#		Work#	
Cell#		Cell#	
Email Address		Email Address	

New Cards and Checks:	Yes	No
I have a checking account and want you to order new checks reflecting my new name and/or new address. Note: You will be responsible for the purchase price of the checks.		
Do you want a replacement debit card reflecting your new name? Note there is a \$5.00 replacement fee.		
Do you want a replacement Visa Credit card reflecting your new name? Note there is a \$10.00 replacement fee.		

 Member Signature* (required)

 Date

*Minor Accounts: If a member is a child under the age of 12, a parent, grandparent or guardian must sign the child's name and their own name and date (i.e." Susie Smith, a minor, by a parent, Mary Smith").

FOR OFFICE USE ONLY: Processing Teller Initials _____ Date _____