

Member Information & Change of Address Form



P.O. Box 55889 | Jackson, MS 39296 | Ph: 601-351-9200

This section required to be completed for all requests:

Member Name _____ Member Account Number _____ SSN or TIN _____
Member's Preferred Contact Method: Email Home Phone Mobile Phone Other: _____

ACCOUNT INFORMATION

I would like to update the following information on my Mississippi Federal Credit Union Account(s):

Preferred MSFCU Branch Jackson-UMMC Campus Branch Oxford-Jackson Avenue Oxford-UM Student Union
 Oxford-South Oxford Center Grenada Ridgeland

Member Name Change (Provide a copy of your marriage certificate, divorce decree, government issued driver's license/picture ID or court ordered name change)

Previous Name (Name currently on file with us):

First Name _____ Middle Name _____ Last Name _____

New Name:

First Name _____ Middle Name _____ Last Name _____

New SSN or ITIN: _____
(Please provide a copy of new social security or TIN card)

New Email Address _____

New Home Phone _____

New Mobile Phone _____

New Work Phone _____

New Employer _____ **Address:** _____

Change of Address Primary / Physical Address Secondary Address / Mailing Address Joint Owner Address

Previous Address (Address currently on file with us):

Street Address (include unit #) _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

New Address:

Street Address (include unit #) (No P.O. Box if primary address) _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Member Signature Required:

Member Signature _____ Date _____