

Change of: Name (Part 1 & 3)
 Address (Part 1 & 3)
 Joint Owner (Part 1, 2 & 3)
 Additional Product or Service

 Member Number
1. Member Information

 Primary Member Name: _____ Mother's Maiden Name: _____
 Other Account Numbers: _____
 Change my name to: _____ Former Name: _____
 New Address: _____ *Password: _____
 Is Joint Owner moving to new address? Yes No Same Password for Joint Owner? Yes No
 Former Address: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Primary E-mail Address: _____ Alternate E-mail Address: _____
 Applying for: Savings Holiday Savings Other Savings Visa Debit Card
 Checking Vacation Savings Money Market

2. Joint Owner(s)
 Add Owner Change Owner Information Name: _____ Former Name: _____
 Access to Entire Account Access to Accounts Checked Below
 Access to: Savings Holiday Savings Other Savings Visa Debit Card
 Checking Vacation Savings Money Market
 Date of Birth: _____ Social Security Number: _____ Driver's License Number and State: _____
 Other Account Numbers: _____ Mother's Maiden Name: _____
 New Address: _____ *Password: _____
 Previous Address: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 E-mail Address: _____

 Add Owner Change Owner Information Name: _____ Former Name: _____
 Access to Entire Account Access to Accounts Checked Below
 Access to: Savings Holiday Savings Other Savings Visa Debit Card
 Checking Vacation Savings Money Market
 Date of Birth: _____ Social Security Number: _____ Driver's License Number and State: _____
 Other Account Numbers: _____ Mother's Maiden Name: _____
 New Address: _____ *Password: _____
 Previous Address: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 E-mail Address: _____

3. Member Authorization (Note: Please send the corrected information with a copy of your current driver's license (DL) or government issued ID. If your DL or ID do not show your new address, please enclose a copy of your most recent utility bill reflecting your new address.)

I/We agree that changes on this form amend the previously signed Membership Application and we are subject to all terms and conditions of membership in the Merck Sharp & Dohme Federal Credit Union.

 _____ Date _____
 Primary Member's Signature Date Joint Owner Member's Signature Date
 _____ Date _____
 Joint Owner Member's Signature Date Joint Owner Member's Signature Date

 OFFICE USE ONLY
 Style Code: WD _____ Person#/Initials: _____ Branch: _____ Date: _____
 ID Scanned A9 A9 On File ENote Password Mother's Maiden Name Reviewed/Updated Information in System