



Member Number

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

1. Member Information

Primary Member Name: _____ Mother's Maiden Name: _____
Other Account Numbers: _____
Change my name to: _____ Former Name: _____
New Address: _____ *Add Verbal 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: _____ *Add Verbal Password: _____
Previous Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-mail Address: _____
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☐ 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: _____ *Add Verbal 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.

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

rev.10/08/25

*Passwords are to used protect your identity when speaking with a MSDFCU representative and are not used for online purposes.