

- Change of:
-
- Name (Part 1 & 3)
-
-
- Address (Part 1 & 3)
-
-
- Authorized Signer (Part 1, 2 & 3)
-
-
- Additional Product or Service

 Organization Member #
1. Organization Information

 Organization Name: _____
 New Address: _____
 If P.O. Box, Physical Address: _____
 Former Address: _____
 Business Phone: _____ Primary E-mail Address: _____
 Access to: Savings Checking Money Market Visa Debit Card CDs Online Banking

2. Authorized Signer(s)
 Add Authorized Signer Name: _____
 Access to Entire Account Access to Accounts Checked Below
 Access to: Savings Checking Money Market Visa Debit Card CDs Online Banking
 Date of Birth: _____ Social Security Number: _____ Driver's License Number and State: _____
 New Address: _____
 If P.O. Box, Physical Address: _____
 Previous Address: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 E-mail Address: _____ Mother's Maiden Name: _____

 Add Authorized Signer Name: _____
 Access to Entire Account Access to Accounts Checked Below
 Access to: Savings Checking Money Market Visa Debit Card CDs Online Banking
 Date of Birth: _____ Social Security Number: _____ Driver's License Number and State: _____
 New Address: _____
 If P.O. Box, Physical Address: _____
 Previous Address: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 E-mail Address: _____ Mother's Maiden Name: _____

 Add Authorized Signer Name: _____
 Access to Entire Account Access to Accounts Checked Below
 Access to: Savings Checking Money Market Visa Debit Card CDs Online Banking
 Date of Birth: _____ Social Security Number: _____ Driver's License Number and State: _____
 New Address: _____
 If P.O. Box, Physical Address: _____
 Previous Address: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 E-mail Address: _____ Mother's Maiden Name: _____

3. Member Authorization

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.

Authorized Signer _____	Date _____	Authorized Signer _____	Date _____
Authorized Signer _____	Date _____	Authorized Signer _____	Date _____