



# CONTACT CHANGE FORM

Account Number
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## Contact Information

First Name		Middle Initial	Last Name	
Home Address		City		State
Mailing Address (if different)		City		State
Seasonal Dates for Mailing Address (MM/DD/YY)		To:	From:	Seasonal Dates for Mailing Address <input type="checkbox"/> Recurring Request <input type="checkbox"/> One Time Request
Home Phone #	Cell Phone #	Work Phone #	E-Mail Address	

## Authorization and Signatures

I (we) hereby request that Pioneer Valley Federal Credit Union (PVFCU) change my (our) account information as described on this Contact Change Form on the account(s) listed above. An **authorized account holder must sign below. Only one signature is required for joint accounts.** I agree that changes made on this form amend any previously signed contact change forms.

X  
 \_\_\_\_\_  
**Signature** **Date**

\_\_\_\_\_ By initialing, I expressly consent to receive communications from PVFCU regarding the above account and any loans or others accounts I have with PVFCU, through any and all efforts to contact me, including but not limited to, calls to cell phone numbers, prerecorded or artificial voice message calls, SMS or text messages, calls made by an automatic telephone dialing system, and online chat via PVFCU Online Banking. Calls, voice messages, and SMS or text messages may incur access fees from the cellular provider for which I am solely responsible. I can withdraw this consent at any time by notifying PVFCU.

## Credit Union Use Only

Processed By \_\_\_\_\_ Date \_\_\_\_\_

Request Method:  In Person     Mail     Online Banking     Telephone

Verification Authentication Method:  ID Passcode     Transaction Activity Questions     Out of Wallet Questions