



2812 W. Main Street ☎ Salem, VA 24153
3403 Candler's Mtn. Road ☎ Lynchburg, VA 24502
800-735-3622

E-mail Form To: info@kembafcu.org
Fax Form To: 540-387-2854

Account Change Form

Personal Information

Full Name: _____
Please print Last First M.I.

Credit Union Account Number: _____

Do you have a Visa Credit Card? Yes No Do you use online bill-pay? Yes No
Do you have a Visa Check Card? Yes No Do you have an Individual Retirement Account (IRA)? Yes No

Moving? Going away for awhile?

New Mailing Address

Street Address: _____ City: _____
State: _____ Zip Code: _____
New Contact Numbers and Address E-mail Address: _____
Home Phone: () _____ Work Phone: () _____

Distribution Change

Loan Changes _____ \$ _____
Frequency (Monthly, bi-weekly, weekly) *Amount* *Date effective*
Loan # _____ or Loan Purpose _____

Share Changes
Savings: \$ _____ Checking: \$ _____
Other _____ : \$ _____



Signature

Date

NOTE: 1. Loan distribution changes cannot be made for less than agreed upon payments.
2. Member must sign for changes to be valid.

Office Use: ___ Online Bill-Pay Update _____ Verification _____ OMA
_____ Member/Spouse co-signed address change