

**MILES CITY FEDERAL CREDIT UNION**  
MEMBERSHIP CHANGE REQUEST

Member Name: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Change Requested:

- Add  
 Delete  
 Change

- A. Membership Information  
 B. Joint Owner  
 C. Beneficiary  
 D. Account / Service

**A. Membership Information**

By my (our) authorization, please change the following information related to my (our) Miles City Federal Credit Union membership:

Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Other): \_\_\_\_\_

email address: \_\_\_\_\_

**B. Joint Owner**

**Name 1:** \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ DL# \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Other): \_\_\_\_\_

email address: \_\_\_\_\_

**Name 2:** \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ DL# \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Other): \_\_\_\_\_

email address: \_\_\_\_\_

**C. Beneficiary**

**Name 1:** \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ DL# \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Other): \_\_\_\_\_

**Name 2:** \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ DL# \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Other): \_\_\_\_\_

**D. Accounts/Services**

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Share Draft    | <input type="checkbox"/> ATM Card   |
| <input type="checkbox"/> Christmas Club | <input type="checkbox"/> Debit Card |
| <input type="checkbox"/> Other Shares   | <input type="checkbox"/> Other      |

**E. Signatures**

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

**F. Credit Union Use Only**

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Member Identification:  Drivers License Done: \_\_\_\_\_  
 Alien Registration Card  
 Other: \_\_\_\_\_