



## UPDATE MEMBER INFORMATION

- \_\_\_\_ NAME CHANGE
- \_\_\_\_ ADDRESS CHANGE
- \_\_\_\_ TELEPHONE NUMBER
- \_\_\_\_ CELL PHONE NUMBER
- \_\_\_\_ E-MAIL ADDRESS

PLEASE FILL OUT AND MAIL THIS FORM TO:

***Attleboro Municipal Employees Federal Credit Union  
138 South Main Street  
Attleboro, MA 02703***

NAME \_\_\_\_\_ ACCT. # \_\_\_\_\_

NEW ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_