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FILE MAINTENANCE REQUEST

Account #: _		Today's Date:		
Full Name: Last First M.I.				
	ast	First		M.I.
Last 4 Social S	Sec. # :	DOB:		
Old Address: <u>Street Address</u> <u>Apartment/Unit #:</u>				
				Apartment/Unit #:
-	City	State		Zip Code
New Address:	Street Address			Apartment/Unit #:
-	City	State		Zip Code
New Home Phone #:				
New Cell Phone #:				
New Work Phone #:				
Email Address:				
Member's Signature:				
(for Office Use Only)				
	Info Taken by:	[Date:	
	File Maintenance done by:		Date:	
	Update Verified by:		Date:	
	Other Acct. Info Updated: 🔲 Debit Visa 🔲 Visa Crec	lit Card (CPS) 🔲 IRA 📘	Others:	