



**MEMBER INFORMATION UPDATE FORM**

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

Names: \_\_\_\_\_

**Include any account holders in household affected by change of address**

Account Number (s): \_\_\_\_\_

Driver's Lic. No. \_\_\_\_\_ State: \_\_\_\_\_ Exp. date \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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**Change From (Previous) Address**

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**Change To (New) Address**

Physical Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Mailing Address (if different than above)**

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**Employer/Location**

Name: \_\_\_\_\_ Empl. Phone \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**Account Holder Signature(s)**



<b>FOR OFFICE USE ONLY:</b>		<b>CHANGE ALL THAT APPLY</b>		
MERCURY CARD	DEBIT CARD	HARLAND CLARK (checks)	CREDIT	
BILL PAY	RELATED ACCOUNTS		ONLINE BANKING	
<b>Received completed form:</b>				
IN OFFICE	MAIL	POUCH	FAX	SCANNED/EMAILED
<b>New license copy in Mercury:</b>	(circle) Yes	No	Employee	_____