



Contact Information Change Form

Complete the form below to update your contact information.

Student Account Number:	_____	Student Name (<i>please print</i>)
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Home Address

Please provide your home address below.

Address City State ZIP

Phone Number

Please fill out your phone number below.

Mobile Phone Other Phone

Email Address

Please provide your email address below.

Email

I authorize the contact information changes listed above.

Authorized Signer Signature(s): _____ Date: _____

Print Name(s): _____ Daytime Phone: _____

Return your completed form by:

In Person: Bring your completed form to any MSUFCU branch. Visit msufcu.org for branch locations.

Mail: MSU Federal Credit Union, PO Box 1208, East Lansing, MI 48823

Fax: Toll-Free: 866-374-2123

FOR MSUFCU OFFICE USE ONLY

Date Received Employee Name Employee Number

