



REQUEST TO CHANGE FORM

Amount of Payroll Deduction(s) New Address
Please Print

The undersigned hereby requests change(s) in the following account(s).

Name (Last / First / Mi)

Daytime Phone Number

Address

City / State / Zip + 4

Department

Account Number

Date

Member's Signature

Please fill in only those accounts you want to change.

Account	Total Amount To Be Deducted Per Pay
Money Market	\$ _____
Share Savings	\$ _____
Checking	\$ _____
Budget Savings	\$ _____
Christmas Savings	\$ _____
Pay All Year (PAY) Savings	\$ _____
Other	\$ _____

Complete and return to:

**MUNICIPAL EMPLOYEES CREDIT UNION
OF BALTIMORE, INC.**
7 E. Redwood Street, Baltimore MD 21202-1106
Phone: 410-752-8313

Your savings insured to \$100,000 by the National Credit Union Administration, a U.S. Government agency, with additional coverage to a combined total of \$175,000 through Excess Share Insurance Corporation.