Change Request

Instructions: Please complete the section(s) that pertain to the change(s) that you are requesting and cross out any section(s) that is not applicable

Account #: _____ **Primary Member's Name:**_____

Section 1: ☐ **Change Primary Address To:**

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: Daytime _____ Evening _____

E-Mail Address: _____

Section 2: ☐ **Change Amount of Payroll Deduction(s) To:**
*Please fill in only those account suffixes that you wish to change.

*Account Type/Suffix	Total Amount To Be Deducted Per Pay Period
Share Savings	$_____
Checking	$_____
Money Market	$_____
Budget Savings	$_____
Christmas Savings	$_____
Pay All Year (PAY) Savings	$_____
Other: _____	$_____

Section 3: ☐ **Change Overdraft Protection To: (Check One Box Only)**

☐ Share Savings Only ☐ Line of Credit Only ☐ Share Savings & Line of Credit ☐ Line of Credit & Share Savings

The undersigned hereby requests the change(s) as outline above.

_____ _____
Member's Signature **Date**

Complete and return to:

Municipal Employees Credit Union of Baltimore, Inc.
Attention: Operations Department
7 E. Redwood Street
Baltimore, Maryland 21202

Revised 9/07