

**Fill out, Print, then Sign and Return via one of the following:**

- **FAX- 303.239.1108** *(Please verify the fax number above before transmitting. Credit Union of Denver is not liable for forms sent to the incorrect fax number.)*
- **Scan and Send through our Secure Message Portal - [securemail-cudenver.com/s/login?b=cudenver](mailto:securemail-cudenver.com/s/login?b=cudenver)**
- **Mail to - Credit Union of Denver, P.O.Box 261420, Lakewood, CO 80226-9420**
- **Drop off at one of our branches**

This form provides Credit Union of Denver with updated contact information (address, phone, email) and details to assist us in properly identifying you when you call us, fax us, or visit the branches.

**Form must be signed by an account holder to add or change an account identifier.**

**If you have more than one account, please list every one so that each account is properly updated.**

Print Name: \_\_\_\_\_ Account(s) # \_\_\_\_\_

Business Phone		Cell Phone		Other Phone	
email address					

***Account Identifiers***

*MUST provide 2 different Passwords (letters or numbers) to be used as account identifiers in order to obtain any account information over the phone.*

Password #1		Password #2	
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I do not wish to provide account identifiers and acknowledge I cannot receive account info over the phone. Initial \_\_\_\_\_

***Address Change***

*Please note: Credit Union of Denver requires a Physical Address to be on file at all times.*

<b>NEW ADDRESS</b>	
Physical Address	
Mailing Address	

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

***For Credit Union Use Only***

Date Changed \_\_\_\_\_ Audited by \_\_\_\_\_  
REP \_\_\_\_\_ Branch/Dept. \_\_\_\_\_

ID Verified \_\_\_\_\_  
 Signature Verified/True Image  
Tax ID # \_\_\_\_\_