

TALERIS CREDIT UNION, INC.
REQUEST FOR ACCOUNT STATUS CHANGE

Date _____

Primary Member Name _____

Account Number _____ *please fill out a separate form for each account*

CHANGE REQUESTED

Address Change

Close This Account

Reason If Closing Account: _____

**PLEASE NOTE: For a Name Change you must fill out a new Membership Application.
Membership Applications can be found on the Applications page of the Taleris website.**

OLD ADDRESS

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

NEW ADDRESS

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

X

Signature of Primary Member

Date

**PLEASE NOTE: To protect you from identity theft and fraud, this form must be signed and mailed to:
Taleris Credit Union | ATTENTION: Member Services | PO Box 318072 | Cleveland, OH 44131-8072**

FOR TALERIS OFFICE ONLY

Received By _____

Received Via: Mail FAX In Person Phone

Route To: Member Services Lending Services Plastics Collections

File Room

Special Instructions: _____