



# Kaleida Health



# Federal Credit Union

100 High St. D1-588 Buffalo, NY 14203 Phone: (716) 859-5960 Fax: (716) 859-5963

## MEMBER FILE MAINTENANCE

(Please Print)

**Account Holder Information:**

**Please check the appropriate box if this is a change of:**

Email  Address  Phone

Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Employer Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**-----FOR CREDIT UNION USE ONLY-----**

Visa Check Card -  No  Yes Card#: \_\_\_\_\_ Changes Made at-  Co-Op  CSS

Updated by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_