



ACCOUNT NUMBER CHANGE FORM

This form should only be used when your account number at SF Fire has been compromised.

MEMBER INFORMATION	
Member Name	Social Security Number
Existing Account Number	New Account Number (completed by credit union employee)
Reason for Account Number Change	

Attention: Debits (e.g. checks and electronic withdrawals) on the closed account number will be returned ‘Account Closed’ if you do not notify us on the Authorization To Pay Outstanding Items form.

Please complete all of the following sections that may apply to you:

Do you want to remove the joint owner from the account? Yes No

For checking account members only:

Do you want to order checks? Yes No

Do you want a new Visa Debit card issued? Yes No

Do you want your Bill Payment service converted to a new checking account? Yes No

For credit card members only:

Do you want a new credit card number? Yes No

For members with Direct Deposit and/or Payroll Deductions:

Please notify your payroll department immediately of your new account number. We will process all Direct Deposits and Payroll Deductions for 90 days.

Primary Signature

Date

Please return to:
San Francisco Fire Credit Union
3201 California Street
San Francisco, CA 94118
Fax: (415) 674-4691

For Credit Union Use Only

Received Date	Teller ID	Completed Date	Manager Approval
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