



Form Instructions:		4 — Print and mail the completed form	rint and mail the completed form to:	
1 — Complete all applicable fields			Delta Community Credit Union,	
2 — Print completed form		ATTN: Deposit Services		
3 — Sign and date the Signature		PO Box 20541 Atlanta, 30320-254	1,	
L		or Fax 404-677-8769		
You can now update your address Management tab and choose Upda		ityCU.com, log in to Online Banking,	select the Account	
Business Information				
Business Name	Delta Community Account Number			
Update Options				
I would like to complete a:	siness name change	Business address change	Email address Change	
·	thorized signer name change	Authorized signer address char	ige	
Name Change				
Old Name	Name		New Name	
Old Signature	N	lew Signature		
I have attached a copy of the legal	document proving my name w	/as changed. (Required)		
I understand as part of the Name 0	Change request. I will receive a	a card with my new name. This card mu	st be	
activated within two weeks upon re	ceipt. This name change requ	est will change my name to any Busine		
account(s) to which I am joint. (Red	quired)			
Address Change				
Street Address	City	State	Zip	
Home Telephone	Work	Mobile		
Email				
Signature				
	•	ss the information I have indicated abov , I agree Delta Community may contact	-	
		ip pursuant to the terms and conditions	•	
Services Disclosures and Agreements.	-	•••••••••••••••••••••••••••••••••••••••		
Member Signature		Today's Date		

NCUA

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P.O. Box 20541, Atlanta, GA 30320