

# MEMBER INFORMATION UPDATE

**JOINT MEMBERS MUST FILL OUT A SEPARATE FORM.** Please complete all areas.

MEMBER NAME		MEMBER NUMBER		EMAIL ADDRESS
PHONE NUMBER				
Home		Cell		Work
PHYSICAL ADDRESS				
Street			Apartment/Suite	
City		State		ZIP
MAILING ADDRESS				
Street			Apartment/Suite	
City		State		ZIP
SIGNATURE			DATE	
OFFICE USE ONLY				
<input type="checkbox"/> XP2	<input type="checkbox"/> FIS VISA CC	<input type="checkbox"/> Virtual Branch	<input type="checkbox"/> IRA	Date Changed

05-2020



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