

Change of Signers Request

[APPENDIX]



COASTAL COMMUNITY
CREDIT UNION

Date form submitted:	
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ADDITIONAL REQUESTED CHANGES

- Fill out the appendix below (if applicable) and submit along with the completed *Change of Signer Request* form to the Credit Union employee assisting you **or** your preferred branch.
- The assigned Credit Union employee will update the designated contact person with next steps.

Signers being **ADDED**:

Full Legal Name					
Address					
Phone	home		cell		Preferred contact
Email					<input type="checkbox"/> Phone <input type="checkbox"/> Email
Position in Organization					

Full Legal Name					
Address					
Phone	home		cell		Preferred contact
Email					<input type="checkbox"/> Phone <input type="checkbox"/> Email
Position in Organization					

Full Legal Name					
Address					
Phone	home		cell		Preferred contact
Email					<input type="checkbox"/> Phone <input type="checkbox"/> Email
Position in Organization					

Full Legal Name					
Address					
Phone	home		cell		Preferred contact
Email					<input type="checkbox"/> Phone <input type="checkbox"/> Email
Position in Organization					

Signers being **REMOVED**:

Full Legal Name		Position	
Full Legal Name		Position	
Full Legal Name		Position	
Full Legal Name		Position	
Full Legal Name		Position	

IMPORTANT: requested change **will not be effective** until all required documentation is signed and the designated contact person has been notified the process has been completed.