

Request to Update Contact Information Checklist



Please use the Request to Update Contact Information Form to change your address, phone number(s), and/or email address.

To complete this process, please follow these steps:

1. Complete the Request to Update Contact Information Form in its entirety. Incomplete or unsigned applications will delay processing of your request.
2. Send the form to DCU for processing by **one** of the following ways:
 - a. Fax to **833.670.2311**
 - b. Email the form to **membershipmaintenance@dcu.org**
 - c. Mail your completed form to:

Digital Federal Credit Union
Deposit Services
853 Donald Lynch Boulevard
PO Box 9130
Marlborough, MA 01752-9130

What you can expect

Once you submit your request to update contact information, **please allow 2 weeks** for your request to be processed. You'll be able to view your account changes in Digital Banking when completed.

Visit **dcu.org** and login with your member number and Personal Identification Number (PIN).

Request to Update Contact Information



Owner's Name: _____

SSN: _____

ADDRESS

Mailing:

☐ Check if international

Street Address

City

State

Zip

Country

Country Code

Residential (if different):

DCU is required by law to maintain a residential address on file for each member. If your residential address is different from your mailing address, please provide your residential address in the space below.

Street Address

City

State

Zip

Country

Country Code

PHONE

Please check the
primary phone
number

Home Phone

☐

Cell Phone

☐

Work Phone

☐

EMAIL

Email Address

AGREEMENT

I agree that, except as indicated on this form, the information set forth in my initial membership application remains in full force and effect. I hereby agree to conform to the Digital Federal Credit Union's bylaws and the terms and conditions of DCU's Account Agreement for Consumers and DCU's Schedule of Fees and Service Charges which are incorporated here by this reference, I authorize you to gather and exchange whatever credit, checking account, and employment information you consider appropriate from time to time. I certify that the information provided on this form is true, correct, and complete.

Owner's Signature

Date

INTERNAL USE ONLY

Rec'd: ____ / ____ / ____ Member #:

Processed By:

Audited By #