

**ALABAMA TEACHERS CREDIT UNION  
FILE MAINTENANCE FORM**

ACCOUNT INFORMATION	
NAME	TAXPAYER EIN / SSN

ADDRESS CHANGE: PREVIOUS INFORMATION		
PHYSICAL ADDRESS		
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		
HOME PHONE	MOBILE PHONE	PERSONAL EMAIL

ADDRESS CHANGE: NEW INFORMATION		
PHYSICAL ADDRESS		
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		
HOME PHONE	MOBILE PHONE	PERSONAL EMAIL

EMPLOYMENT CHANGE: PREVIOUS INFORMATION		
EMPLOYER	WORK PHONE	EXTENSION
EMPLOYER ADDRESS		
OCCUPATION STATUS	OCCUPATION	DATE HIRED

EMPLOYMENT CHANGE: NEW INFORMATION		
EMPLOYER	WORK PHONE	EXTENSION
EMPLOYER ADDRESS		
OCCUPATION STATUS	OCCUPATION	DATE HIRED

AUTHORIZED SIGNERS		
By signing below, I attest that the information provided above to the Credit Union is accurate. I am aware that the changes above will be applied to each account under my Tax Identification Number. I understand should any of the above information change in the future; I should immediately notify the Credit Union so that I will not be subject to applicable fees.		
SIGNATURE	NAME	DATE