

Member Contact Information Update Form



Please fill out the information below as completely as possible. You must sign this form in order for it to be valid. Once completed, you may fax a copy to 816-861-5703 or mail to Kansas City Credit Union, 5110 Ararat Drive, Kansas City, MO 64129. If you have any questions completing this form, call 816-861-5700.

PLEASE DO NOT FORGET TO SIGN THIS FORM.

Date _____

Name _____

Member # _____

“NEW” Address _____

“OLD” Address _____

“NEW” Email _____

Home Phone _____

Work Phone _____

Cell Phone _____

Signature _____

“OLD” Email _____

Yes, I want E-Statements