

Effective Date: _____

Member Information

| | | |
|-------------|---------------------|---------------|
| Account No. | SSN (Last 4 digits) | Date of Birth |
| First Name | Last | |

Name Change

| | |
|----------------|---------------|
| New First Name | New Last Name |
|----------------|---------------|

Requires two (2) forms of Identification with updated name. (i.e. State issued ID, Drivers License, Passport, FedEx/Work ID, etc.)

Previous Address

| | | | |
|------------|---------------|-------|-----|
| Address | City | State | Zip |
| Home Phone | Mobile Number | | |
| Email | | | |

New Address

Address change is for: Primary Member Joint Member Other (Please list): _____

| | | | |
|------------------|---------------|-------|-----|
| PO Box | City | State | Zip |
| Physical Address | City | State | Zip |
| Home Phone | Mobile Number | | |
| Email | | | |

P.O. Boxes MUST be accompanied by a physical address.

| | |
|--------------------------|------|
| Primary Member Signature | Date |
|--------------------------|------|

Completed and signed form may be returned to your local branch or by one of these methods:

Email: info@fecca.com

Fax: (901) 332-1022, Attn: Member Services.

Mail: FedEx Employees Credit Association
Attn: Member Services
2731 Nonconnah Blvd
Memphis, TN 38132