

Instructions: A separate form must be completed for each person requesting a change of information.

Mail completed form to: Rosedale Federal 9616 Belair Road Baltimore, MD 21236 or drop off at any branch location.

Customer Contact Change Authorization

Customer Name: _____

Current Address
Address:
Address:
City, State & Zip Code:

New Address			
Address			
Address			
City	State	Zip	

	Current Telephone	New Telephone
Home Phone		
Mobile Phone 1		
Mobile Phone 2		
Business Phone		
Business Extension		

	Curren	it Email	New Email
Email Address 1			
Email Address 2			
Date of Birth		//	

Signature				
Date				
Institution use only				
Information Update	d by:		_ Date:	
Verified by:			Date:	
Scanned to Synergy by: (initial) Date:				