

Xtend CUSB Data Sheet - UPDATE REQUEST

Please complete this form online and send to Julie Gessner – jgessner@xtendcu.com or fax (616) 285-0831

New **Change** **Effective Date of Addition or Change** _____

General Information

Credit Union Name	
CUID & CU#	
NCUA chartered	Yes No
CEO	
Marketing Contact Name	
Settlement Contact Name	
Phone #	
Email	
Cen Corp	Yes No
R&T#	
Website Address	



Branch Office Data

Total number of locations (including main)

Please complete as much information as possible for each branch, even if it's only branch name and city:

Branch Name	Address to appear to members on website	Phone/Fax- For Member Assistance
MAIN		Phone:
		Fax:
		Phone:
		Fax:
		Phone:
		Fax:
		Phone:
		Fax:
		Phone:
		Fax:
		Phone:
		Fax:

Other Branch Comments:

Form Completed By _____ Date _____

Office Use Only:

Date Change Complete _____ Completed by _____