REGISTRATION OF OUT OF STATE CREDIT UNIONS

NOTICE OF CHANGE IN COMMON BOND/FIELD OF MEMBERSHIP/
CHANGE IN LOCATION OF BRANCH OR SERVICE CENTER OR CLOSURE OF A
BRANCH WITHIN THE STATE OF ILLINOIS

Name of Credit Union: _____________________________________________________________

a) Change in Common Bond/Field of Membership:
(Indicate any additions, deletions or changes to your common bond/field of membership since your
original registration of an out of state credit union)
Addition □        Deletion □        Other □
(List all details list specifics below or attach/include a separate sheet)

_______________________________________________________________________________

b) Change in location for any branch or service center:
Original proposed location:
Address: ____________________________ City: ___________ Zip: _______

Actual location:
Address: ____________________________ City: ___________ Zip: _______
Phone: _____________________________ Proposed date to open: ________________

c) New or Additional Branch to be located within the state of Illinois:
Address: ____________________________ City: ___________ Zip: _______

Phone: _____________________________ Proposed date to open: ________________

d) Closure of a Branch within the State of Illinois
Address: ____________________________ City: ___________ Zip: _______

Date closed ________________________________