



ADDITION / CHANGE OF PASSWORD FORM

To increase security and convenience for our Members, Elevations Credit Union may request your Account Password to verify identification. Complete this form to add or change the password associated with your Account. Please note that either the member or joint owner may change or add a password. Return this form to any Elevations Credit Union branch or mail to:

Elevations Credit Union
Attn: Ops Admin
PO Box 9004
Boulder, CO 80301-9004

Account Number(s)	Password
I/We wish to establish or change a password on the account(s) listed above. I/We understand that the password will be used as identification on my/our account(s).	

Member's Printed Name	
_____	_____
Member Signature	Date
_____	_____
Joint Owner's Printed Name	
_____	_____
Joint Owner Signature	Date

Your partner to new heights

PO Box 9004 • Boulder, CO 80301-9004 303.443.4672 800.429.7626 ElevationsCU.com