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 U	Union:		
(Indicate any addi	mmon Bond/Field of Mentions, deletions or changes on of an out of state credit	s to your common bond/field	of membership since your
Addition \Box	Deletion t specifics below or attach	Other Ot	
	t specifies below of attach		
b) Change in loca	ation for any branch or s	ervice center:	
Original proposed	location:		
Address:		City:	Zip:
Actual location:			
Address:		City:	Zip:
Phone:		Proposed date to open:	
c) New or Additi	onal Branch to be located	d within the state of Illinois:	
Address:		City:	Zip:
Phone:		Proposed date to open:	
d) Closure of a B	ranch within the State of	f Illinois	
Address:		City:	Zip:
Date closed			